

Case Number:	CM14-0003385		
Date Assigned:	01/31/2014	Date of Injury:	01/27/2011
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70-year-old male who reported an injury on 01/27/2011. The mechanism of injury was not stated. Current diagnoses include cervical/lumbar degenerative disc disease and cervical radiculopathy. The injured worker was evaluated on 12/05/2013. The injured worker reported an improvement in symptoms with aquatic therapy. Physical examination revealed reduced range of motion of the cervical spine, 5/5 motor strength, and decreased sensation in the C5-6 and C6-7 dermatomes. Treatment recommendations at that time included continuation of aquatic therapy. It is noted, the injured worker underwent an MRI of the cervical spine on 01/30/2013, which indicated moderate reversal of normal lordosis at C4-5, disc bulge and/or protrusion at C3-7 causing severe neural foraminal narrowing with impingement on the exiting nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CERVICAL DISK DECOMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, NECK AND UPPER BACK, 179-181

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: California MTUS ACOEM Practice Guidelines state referral for surgical consultation is indicated for patients who have persistent and severe disabling shoulder or arm symptoms. The patient should have activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines state decompression is a surgical procedure that is performed to alleviate pain or neurological dysfunction caused by neural impingement. An anterior approach with discectomy/laminectomy/laminoplasty is recommended. As per the documentation submitted, the injured worker does demonstrate decreased sensation and decreased range of motion. The injured worker's MRI of the cervical spine on 01/30/2013, does indicate severe neural foraminal narrowing. However, there is no mention of exhaustion of conservative treatment prior to the request for a surgical intervention. The type of decompression procedure and level at which the decompression procedure will take place was not specified in the request. Based on the clinical information received, the request is not medically necessary.