

Case Number:	CM14-0004517		
Date Assigned:	02/05/2014	Date of Injury:	09/17/2011
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/13/2014

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 Surgeon, 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 51-year-old female who reported an injury on September 17, 2011. The mechanism of injury was not provided for review. The injured worker underwent an MRI of the cervical spine on July 5, 2013. It was documented that there was a disc bulge at the C6-7 causing left neural foraminal stenosis and a disc bulge at the C5-6 causing left neural foraminal stenosis. The injured worker underwent an x-ray on August 27, 2013 that documented there were degenerative changes of the cervical spine but no evidence of instability in flexion or extension. The injured worker was evaluated on November 5, 2013. It was documented that the injured worker complained of cervical spine pain radiating into the left upper extremity rated at a 7/10. Physical findings included decreased grip strength rated at a 4/5 of the left hand. It was noted that axial traction immediately relieved the injured worker's symptoms. The injured worker's diagnoses included intractable left radiculopathy at the C5-6 and C6-7 and left ulnar compression. The injured worker's treatment plan was anterior cervical decompression and fusion of the C5-6 and C6-7 if the injured worker stopped smoking.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR MICRODISCECTOMY AND FUSION C5-C6 AND C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, CHAPTER 8, 180

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends fusion surgery of the cervical spine when there is evidence of instability. The clinical documentation does indicate that the injured worker has radicular symptoms related to neural foraminal stenosis as evidenced by the submitted MRI. However, the clinical documentation fails to provide any evidence of cervical instability. Additionally, the clinical documentation fails to sufficiently support that the injured worker has exhausted all lower levels of conservative treatment and surgical interventions prior to fusion surgery. Furthermore, the clinical documentation submitted for review indicates that surgical intervention would be appropriate for the injured worker if there is cessation of smoking. The clinical documentation does not provide any evidence that the injured worker has quit smoking to reduce pseudarthrosis. The request for an anterior microdiscectomy and fusion at C5-C6 and C6-C7 is not medically necessary or appropriate.