

Case Number:	CM14-0104425		
Date Assigned:	07/30/2014	Date of Injury:	05/02/2013
Decision Date:	09/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/07/2014

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 Spine Surgery and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 05/02/2013 due to a slip and fall. The injured worker reportedly sustained an injury to his cervical spine and low back. The injured worker underwent an electrodiagnostic study on 01/22/2014. It was documented that the injured worker had evidence of chronic right C6, C7, and C8 cervical radiculopathy. The injured worker underwent an MRI of the cervical spine on 12/31/2013. It was documented that there was evidence of an interbody fusion cage of the C6-7, hypertrophy of the left uncovertebral joint causing left foraminal narrowing at the C3-4, hypertrophy of the bilateral uncovertebral joints causing bilateral foraminal narrowing at the C4-5, a disc bulge at the C5-6 causing central canal and bilateral foraminal narrowing, spinal stenosis at the C3 through the C5 and a disc bulge at the C7-T1 indenting the anterior thecal sac. The injured worker's treatment history included physical therapy and medications. The most recent evaluation submitted for review was dated 04/14/2014. It was noted that the injured worker had ongoing headache, neck pain, and low back pain. It was noted that the injured worker had tenderness to palpation of the cervical spinal musculature and upper trapezius muscles and scapular border. The injured worker's diagnoses included cervicgia, cervical radiculopathy, cervical disc protrusion, lumbar radiculopathy, lumbar facet dysfunction, hip pain, ilioinguinal neuralgia, left shoulder pain, chronic pain syndrome, and opioid dependence. A request was made for inpatient C3-4, C4-5, and C5-6 anterior discectomy and fusion. However, no justification or Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT C3-C4, C4-C5, AND C5-C6 ANTERIOR DISCECTOMY AND FUSION.:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested INPATIENT C3-C4, C4-C5, AND C5-C6 ANTERIOR DISCECTOMY AND FUSION is not medically necessary or appropriate. The clinical documentation submitted for review did indicate that the injured worker had history of prior fusion at the C6-7. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints of the cervical spine that have failed to respond to medications and physical therapy. The American College of Occupational and Environmental Medicine does not support fusion surgery unless there is significant evidence of instability corroborated by clear clinical examination findings of radiculopathy correlative of the requested dermatomal distributions. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's cervical spine pain to support that there is vertebral instability that would benefit from fusion surgery. Furthermore, the most recent clinical documentation does not provide an adequate assessment of the injured worker's cervical spine to support significant radicular symptoms in the C3-4, C4-5, and C5-6 dermatomal and myotomal distributions. Therefore, fusion surgery would not be supported in this clinical situation. As such, the requested INPATIENT C3-C4, C4-C5, AND C5-C6 ANTERIOR DISCECTOMY AND FUSION is not medically necessary or appropriate.