

Case Number:	CM14-0011813		
Date Assigned:	02/26/2014	Date of Injury:	04/04/1995
Decision Date:	07/10/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 61-year-old female who reported an injury on 04/04/1995. The mechanism of injury was not stated. Current diagnosis is symptomatic adjacent segment disease at C3-4 and C4-5 after a remote C5-7 fusion. The injured worker was evaluated on 12/18/2013. The injured worker reported persistent neck pain with radiation into the bilateral upper extremities. Previous conservative treatment was not mentioned. Physical examination revealed limited range of motion of the cervical spine and anterior cervical scar, 10/50 degree flexion, 25/60 degree extension, 20/80 degree right and left lateral rotation, subjective numbness in the C5-6 distribution, and 4+/5 strength in the bilateral upper extremities. Treatment recommendations at that time included a posterior fusion at C5-7. It is noted that the injured worker underwent an MRI of the cervical spine on 12/09/2013, which indicated degenerative disc disease with retrolisthesis at C3-4, minimal chronic superior endplate compression at T2 and T3, canal stenosis at C3-4, C4-5, progression of disc disease at C3 through C5 and moderate right and left neural foraminal narrowing at C3-4 and C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3 -C5 POSTERIOR FUSION WITH D TRAX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, posterior cervical.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent and severe disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. As per the documentation submitted, the injured worker does demonstrate limited range of motion and weakness upon physical examination. However, there is no mention of an attempt at conservative treatment prior to the request for an additional surgical procedure. There is no indication of an extreme progression of symptoms or significant activity limitation. Additionally, Official Disability Guidelines state posterior cervical fusion is currently under study. Based on the clinical information received, the request is not medically necessary and appropriate.