

Case Number:	CM14-0015942		
Date Assigned:	03/05/2014	Date of Injury:	09/07/2007
Decision Date:	08/01/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 claimant is a 49-year-old man who injured his neck and low back in work related accident on 09/07/07. The clinical records provided for review include a 01/07/14 progress report noting continued right upper extremity complaints of numbness radiating to the thumb with a tingling sensation. Objectively, on examination there was a positive Spurling's test, paraspinal muscle tenderness and numbness of the upper extremity. There was no specific documentation of a dermatomal distribution. The claimant was diagnosed with herniated discs of the cervical spine. Orthopedic referral for further assessment of the claimant's right knee was recommended for the diagnosis of degenerative joint disease. There was also a request for operative intervention to include a two-level anterior cervical discectomy and fusion at the C5 through 7 level. The report of a previous MRI identified evidence of degeneration at C4-5, C5-6 and C6-7 with bilateral foraminal narrowing but no compressive findings documented. Plain film radiographs demonstrated multi-level loss of disc height. There were no formal imaging reports or documentation of conservative treatment for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with ortho for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for consultation with the orthopedic physician [REDACTED] for the right knee would not be indicated. At the last clinical assessment of 01/07/14, [REDACTED], who was noted to be an orthopedic surgeon was seeing the claimant. The records provided for review do not include any imaging of the right knee or documentation of physical examination findings or conservative treatment offered for the knee symptoms. There is no documentation to explain why referral to a second orthopedic surgeon would be necessary for the diagnosis of degenerative joint disease.

Anterior Cervical discectomy and fusion at C5-6 with plating: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, ODG Indications for Surgery -Discectomy/laminectomy (excluding fractures).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, Neck Procedure, ODG Indications for Surgery - Discectomy/laminectomy (excluding fractures).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability criteria, the request for anterior cervical discectomy and fusion at C5-6 with plating cannot be recommended as medically necessary. There is no direct clinical correlation between the requested level for the fusion and the claimant's clinical presentation. There is no documentation of radiculopathy on imaging or electrodiagnostic testing. The claimant's recent physical examination findings showed diffuse, subjective complaints with no overt radiculopathy. The request would not be indicated as medically necessary.

Anterior Cervical Discectomy and Fusion at C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, ODG Indications for Surgery -Discectomy/laminectomy (excluding fractures).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, Neck Procedure, ODG Indications for Surgery - Discectomy/laminectomy (excluding fractures).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability criteria, the request for anterior cervical discectomy and fusion at C6-7 with plating cannot be recommended as medically necessary. There is no direct clinical correlation between the requested level for the fusion and the claimant's clinical presentation. There is no

documentation of radiculopathy on imaging or electrodiagnostic testing. The claimant's recent physical examination findings showed diffuse, subjective complaints with no overt radiculopathy. The request would not be indicated as medically necessary.