

Case Number:	CM14-0124676		
Date Assigned:	08/11/2014	Date of Injury:	05/27/2008
Decision Date:	09/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/06/2014

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 Neurological 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 records presented for review indicate that this 50-year-old female was reportedly injured on May 27, 2008. The mechanism of injury is noted as a fall. The most recent progress note, dated July 22, 2014, indicates that there are ongoing complaints of cervical spine pain, headaches, and neuropathic pain of the upper extremities. Current medications include Gabapentin, Imitrex, Baclofen, Tylenol #3, Ibuprofen and Zofran. The physical examination demonstrated decreased cervical spine range of motion and a positive bilateral facet loading test. There was decreased sensation to light touch at the right lower extremity. Diagnostic imaging studies of the cervical spine showed a fusion at C5-C6 and C6-C7 and a disc bulge at C7-T1 producing central canal stenosis of 9 mm. Previous treatment includes two cervical spine surgeries, physical therapy, and pain management. A request had been made for an anterior cervical discectomy and fusion at C7-T1 and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Anterior Cervical discectomy and fusion Spine (ACDF): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Neck & Upper Back Chapter, Fusion, anterior cervical American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd edition (2004), Neck Chapter under Surgical Consideration, pages 179-182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine disorders; Clinical Measures Surgical Considerations -Spinal Fusions (electronically sited).

Decision rationale: The American Academy of Occupational and Environmental Medicine recommends discectomy and fusion for patients with subacute or chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate nonoperative treatment. Although the injured employee has failed to improve with conservative treatment to include 2 previous spine surgeries, physical therapy, and pain management, there are no objective findings of a radiculopathy on physical examination nor is there any evidence of nerve root compression on MRI. Considering this, the request for an anterior cervical discectomy and fusion of the cervical spine at C7- T1 is not medically necessary.