

Case Number:	CM14-0135450		
Date Assigned:	08/29/2014	Date of Injury:	10/17/2011
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 43-year-old female was reportedly injured on 10/17/2011. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 7/8/2014, indicated that there were ongoing complaints of neck pain that radiated into the left upper extremity. The physical examination demonstrated with the cervical spine the patient had a normal gait and was able to heel and toe walk. There was good range of motion of the cervical spine. There was also positive Spurling's test on the left and negative on the right. Weakness was noted in the left wrist, thumb, and index finger. Also weakness was in the left triceps 4/5. No recent diagnostic studies are available for review. Previous treatment included physical therapy, acupuncture, medications, epidural steroid injections, and conservative treatment. A request had been made for anterior cervical discectomy and fusion at C5-C6 and C6-C7 and was not certified in the pre-authorization process on 7/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines: Cervical and Thoracic Spine Disorders. Clinical Measures: Surgical Considerations-Spinal Fusion (electronically cited)

Decision rationale: California/ACOEM recommendations support 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. The record provides a clinical presentation that supports surgical intervention, as the record indicates that the claimant has been provided conservative care including pharmacotherapy, physical therapy, and cervical epidural injection and activity modifications. The clinical presentation reveals cervical pain with left upper extremity weakness and decreased sensation. However, there was no identifiable diagnostic study such as MRI that corroborates the physical exam findings to the appropriate cervical spine level that is being requested for surgical intervention. Therefore, this request is deemed not medically necessary at this time.