

Case Number:	CM14-0138143		
Date Assigned:	09/05/2014	Date of Injury:	07/20/2006
Decision Date:	12/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 47-year-old male who reported an injury on 07/20/2006. The mechanism of injury involved a fall. The current diagnoses include status post ACDF at C6-7, rule out cervical instability, history of low back pain, chronic history of low back pain and right leg sciatic pain, and rule out lumbar instability. The injured worker presented on 08/01/2014 with complaints of persistent neck and low back pain. It is noted that the injured worker was status post selective nerve root injection with 40% relief of symptoms. Previous conservative treatment also includes physical therapy. The physical examination revealed tenderness to palpation in the lower lumbar region; 5/5 motor strength in the bilateral lower extremities; right shoulder incisions clean, dry, and intact; 5/5 grip strength and left upper extremity strength; and diminished sensation in the right L5-S1 dermatome. The treatment recommendations included an anterior cervical discectomy and fusion at C5-6 with removal of previous instrumentation at C6-7. There was no Request for Authorization form submitted for this review.

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 at C5-6 with removal of previous instrumentation at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 180-183.

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, anterior cervical.

Decision rationale: The California MTUS ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiological evidence of a lesion; and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines recommend an anterior cervical fusion for spondylotic radiculopathy or non-traumatic instability when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. There was no documentation of a physical examination of the cervical spine on the requesting date. Therefore, there is no evidence of a significant functional limitation. There is no documentation of spinal instability upon flexion and extension view radiographs. There was no imaging studies provided for this review. Based on the clinical information received, the request is not medically appropriate.

1 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Neck and Upper Back, Length of stay

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.