

Case Number:	CM14-0154286		
Date Assigned:	09/23/2014	Date of Injury:	04/12/2013
Decision Date:	11/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

This is a 46 year old female with a 4/12/13 injury date. Merchandise stock fell over and onto the patient's side, injuring her neck. In an 8/21/14 follow-up, subjective complaints included neck and low back pain. Objective findings included tenderness over the cervical and lumbar regions, spasms, and restricted range of motion. A cervical MRI on 4/30/14 showed a moderate disc osteophyte complex at C4-5 with moderate spinal stenosis and flattening of the cord, a large disc osteophyte complex at C5-6 with moderate spinal stenosis and flattening of the cord, and a disc osteophyte complex at C6-7. A 9/6/13 upper extremity EMG/NCV study was normal. Diagnostic impression: cervical disc herniation, cervical stenosis. Treatment to date: acupuncture, medications, physical therapy, trigger point injections. A UR decision on 9/8/14 denied the request for C4-7 anterior cervical discectomy and fusion combined with posterior fusion, on the basis that there is a nonspecific incomplete cervical exam and the MRI report is not present.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-7 Anterior cervical discectomy and fusion combined with posterior fusion: Upheld

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

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

Decision rationale: CA MTUS criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, ODG states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. However, in this case there is not enough detail in the physical exam and history to suggest motor deficits, sensory deficits, or functional limitations. It is not clear that the patient has exhausted conservative treatment options. The latest electrodiagnostic study was normal. Therefore, the request for C4-7 Anterior cervical discectomy and fusion combined with posterior fusion is not medically necessary.