

Case Number:	CM14-0157910		
Date Assigned:	10/01/2014	Date of Injury:	06/07/2013
Decision Date:	11/03/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 06/07/2013 due to a slip and fall. The injured worker reportedly sustained an injury to her cervical spine. The injured worker's treatment history includes multiple medications, physical therapy, activity modifications, and chiropractic care. The injured worker was evaluated on 09/03/2014. It was documented that the injured worker had 8/10 pain unresponsive to conservative treatments. Physical findings included tenderness to palpation and compression of the cervical spine. It is noted within the documentation that the injured worker underwent a cervical MRI. However, an independent evaluation of that report was not provided for review. The injured worker's diagnoses included thoracic strain injury, lumbar strain injury, and left upper limb weakness and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 anterior cervical discectomy and fusion (ACDF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 8/4/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The request for C4-C7 anterior cervical discectomy and fusion (ACDF) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends cervical fusion for patients who have instability on an imaging study consistent with radicular symptoms that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has cervical spine pain. However, the clinical documentation failed to include an imaging study that provided significant instability. The clinical documentation does indicate that the injured worker has radiating pain of the cervical spine. However, with no support from an imaging study, surgical intervention would not be supported. Additionally, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to spinal surgery. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a psychological evaluation. As such, the requested C4-C7 anterior cervical discectomy and fusion (ACDF) is not medically necessary or appropriate.