

Case Number:	CM14-0158641		
Date Assigned:	10/02/2014	Date of Injury:	06/09/2007
Decision Date:	11/06/2014	UR Denial Date:	09/23/2014
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 56-year-old female who reported an injury on 06/09/2007. The injured worker reportedly struck her right upper and lower extremity as well as her lower back when she slipped into a refrigerator. The current diagnosis is cervical disc degeneration and herniation at C4-5 and C5-6. The injured worker was evaluated on 07/11/2014 with complaints of persistent pain and radiation in the bilateral upper extremities. Previous conservative treatment is noted to include physical therapy, home exercise, and medications. The injured worker is also status post lumbar laminectomy with instrumentation and fusion in 2008. The current medication regimen includes Lidoderm 5% patch, Voltaren gel, naproxen, Lexapro, Norco, and Omeprazole. The physical examination revealed decreased range of motion of the cervical spine with tenderness to palpation, weakness in the right upper extremity, 1+ right biceps reflex, and decreased sensation to pinprick over the right biceps and forearm. The treatment recommendations at that time included an anterior cervical discectomy with instrumentation and fusion at C4-5 and C5-6. A Request for Authorization form was then submitted on 07/11/2014. It is noted that the injured worker underwent an x-ray of the cervical spine on 06/04/2014, which indicated degenerative changes with disc space narrowing at C4-5 and C5-6, and anterior subluxation of C3 on C4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy w/ Instrumentation & Fusion, C4-5 and C5-6: 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): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: The California American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling upper extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines (ODG) recommends an anterior cervical fusion for spondylitic radiculopathy or nontraumatic instability. There should be documentation of significant symptoms that correlate with physical examination findings and imaging reports. There should also be evidence of persistent or progressive radicular pain or weakness secondary to nerve root impression or moderate to severe neck pain. There was no imaging study provided for this review documenting a herniated disc or nerve root impingement at the requested levels. There is no documentation of a recent failure to respond to conservative treatment in the form of physical therapy or injections. Based on the clinical information received, the request is not medically appropriate at this time.