

Case Number:	CM14-0173746		
Date Assigned:	10/27/2014	Date of Injury:	09/23/2011
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 and is licensed to practice in Pennsylvania. 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 59-year-old male who reported an injury on 09/22/2011. The mechanism of injury was not stated. The current diagnosis is cervical spine stenosis with radiculopathy at C4-5 and C5-6. The injured worker was evaluated on 08/04/2014 with complaints of persistent neck pain and left arm pain. Previous conservative treatment is noted to include medication management. The physical examination revealed decreased range of motion of the cervical spine, midline and paraspinal tenderness, negative head compression test, positive Spurling's maneuver on the left, decreased strength in the bilateral C5-C7 distributions, and decreased sensation in the left C5 and C6 distribution bilaterally. Treatment recommendations at that time included anterior cervical fusion and discectomy at C4-5 and C5-6. 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:

Internal Medicine Preoperative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Anterior Cervical Discectomy Fusion of C4-C5, C5-C6: 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 (ODG) Neck and Upper Back. Discectomy, Fusion, Anterior Cervical

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 may be indicated for patients who have persistent, severe and disabling shoulder or arm 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 state anterior cervical fusion is recommended for spondylotic radiculopathy when there is evidence of significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness, and at least 8 weeks of conservative therapy. There is no documentation of an exhaustion of conservative treatment. There is no evidence of spinal instability upon flexion and extension view radiographs. There was no imaging studies provided for this review. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically appropriate.