

Case Number:	CM14-0025109		
Date Assigned:	06/11/2014	Date of Injury:	08/22/2012
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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, has a subspecialty in Spine 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:

The injured worker is a 46-year-old male who reported an injury on 08/22/2012. The mechanism of injury involved a fall. Current diagnoses include cervical displaced disc with myelopathy and cervical spondylosis with myelopathy. The injured worker was evaluated on 01/21/2014 with complaints of neck pain and shoulder pain. Current medications include hydrocodone, methocarbamol, gabapentin, amitriptyline, and trazodone. Physical examination on that date revealed 5/5 motor strength in the bilateral upper extremities with intact sensation. Treatment recommendations included a home cervical traction unit. A request was also submitted for a partial corpectomy at C4-7 to decompress the anterior cervical cord. It is noted that the patient underwent x-rays of the cervical spine on 04/02/2014 which indicated an anterior fusion from C4-7 without any evidence of active subluxation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FUSION, PARTIAL CORPECTOMY, ARTHRODESIS C-4, C5-6 AND C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation may be indicated for persistent and severe 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. As per the documentation submitted, the patient's x-ray of the cervical spine on 04/02/2014 indicated no active subluxation with lateral flexion and extension. The injured worker's physical examination on 01/21/2014 revealed intact sensation with 5/5 motor strength. There was no evidence of a significant musculoskeletal or neurological deficit. There were no official imaging studies or electrodiagnostic reports submitted for this review. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary.