

Case Number:	CM14-0039210		
Date Assigned:	06/27/2014	Date of Injury:	03/16/2009
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/03/2014

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 Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 44 year old male who reported an injury to his cervical region. The clinical note dated 10/24/12 indicates the injured worker stating the initial injury occurred on 03/19/09 when he was carrying heavy materials on wet ground resulting in a fall of approximately 8-10 feet. The injured worker reported neck, right shoulder, and right wrist injuries. The note indicates the injured worker utilizing ibuprofen and gabapentin for pain relief. The note also indicates the injured worker utilizing hydrocodone, Celebrex and Carisoprodol. Upon exam, 4/5 strength was identified throughout the upper extremities. Range of motion deficits were also identified throughout the cervical spine. The injured worker was identified as having a positive apprehension, Neer's, Hawkins' and Jorgensen's signs throughout the right shoulder. The clinical note dated 06/04/13 indicates the injured worker continuing with strength deficits throughout the upper extremities. This was most notable at the right deltoid, biceps, and triceps which were rated as 3+/5. The injured worker was being recommended for an anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-80.

Decision rationale: The request for an anterior cervical discectomy and fusion is non-certified. The documentation indicates the injured worker complaining of cervical region pain with associated strength deficits in the upper extremities. An anterior cervical discectomy is indicated provided the injured worker meets specific criteria to include the injured worker continuing with significant symptoms following a full course of conservative therapy and imaging studies confirm the injured worker's significant pathology. No imaging studies were submitted for review. No information was submitted regarding the injured worker's completion of any conservative treatments to include therapeutic injections or injections. Given these factors, the request is not indicated as medically necessary.