

Case Number:	CM14-0046266		
Date Assigned:	07/02/2014	Date of Injury:	11/01/2010
Decision Date:	08/01/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/14/2014

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, 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 47-year-old female who reported an injury on 11/01/2010. The mechanism of injury was not specifically stated. The current diagnoses include degenerative disc disease in the cervical spine, cervical pain, and cervical herniated nucleus pulposus. The injured worker was evaluated on 04/02/2014. The injured worker reported severe pain and activity limitation. Physical examination revealed full cervical spine range of motion, 4/5 upper extremity strength, diminished sensation in the C5, C7, and C8 dermatomes, and absent right brachial radialis reflex. X-rays obtained in the office on that date indicated a loss of lordosis, diffuse degenerative changes, C3-4 kyphosis, and a C5-6 posterior osteophyte. Treatment recommendations at that time included an anterior cervical discectomy and fusion at C4-5 and C5-6. It is noted that the injured worker underwent an MRI of the cervical spine on 03/17/2014 which indicated multilevel discogenic degenerative changes and reversal and straightening of normal cervical lordosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 anterior cervical discectomy and fusion from C4-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation The Official Disability Guidelines-Indications for Surgery-Discectomy/ Laminectomy (excluding fractures); and Neck and Upper Back (acute and Chronic).

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, Discectomy-laminectomy-laminoplasty and Fusion, anterior cervical.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have 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. The Official Disability Guidelines state anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Prior to a discectomy, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or the presence of a positive Spurling's test. There should be evidence of motor deficit or reflex changes or positive EMG findings. Etiologies of pain such as metabolic sources, non-structural radiculopathies, and/or peripheral sources should be addressed prior to cervical procedures. There should also be evidence that the patient has received and failed at least a 6 to 8 weeks' trial of conservative care. As per the documentation submitted, the injured worker has been previously treated with medication management and cervical epidural steroid injections. However, there is no documentation of an exhaustion of conservative treatment to include physical therapy. The injured worker underwent cervical epidural steroid injections in 2012. There was no documentation of an exhaustion of recent conservative treatment. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

1 night stay at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines: Hospital Length of Stay Guidelines: Discectomy/ Corpectomy and Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

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. Therefore, the request is non-certified.