

Case Number:	CM14-0050502		
Date Assigned:	07/07/2014	Date of Injury:	03/07/2012
Decision Date:	08/14/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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 50-year-old male who reported injury on 03/07/2012. The injured worker underwent an MRI of the cervical spine on 03/12/2014, which revealed at the level of C4-C5 there were disc desiccation, mild disc space narrowing, small circumferential disc osteophyte complex and bilateral facet arthrosis causing moderate to severe right and mild to moderate neuroforaminal narrowing. The mechanism of injury was not provided. The documentation of 03/25/2014 revealed the injured worker had right arm pain that was unchanged. The injured worker was noted to have no weakness. The physical examination revealed a normal gait. Sensory examination was intact to light touch sensation, bilaterally at C2 through C8. The motor examination revealed motor strength of 5/5 bilaterally at C4 through T1. The injured worker had consistently reproducible right arm radicular symptoms with neck extension to the right. The diagnoses included cervical disc herniation, radiculopathy and spondylosis. The treatment included a cervical decompression at C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical decompression at C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have persistent, severe and disabling shoulder or arm symptoms with activity limitation for more than 1 month or extreme progression of symptoms. There should be documentation of clear clinical, imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit in both surgical repair from the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The physical examination revealed no myotomal or dermatomal deficits. The clinical documentation submitted for review failed to indicate the injured worker had clear clinical and electrophysiologic evidence of a lesion. There was no electrophysiologic evidence presented for review. The MRI revealed no findings of nerve compression. The prior conservative care was not provided in the documentation. Given the above, the request for anterior cervical decompression at C4-C5 is not medically necessary.

Total disc arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have persistent, severe and disabling shoulder or arm symptoms with activity limitation for more than 1 month or extreme progression of symptoms. There should be documentation of clear clinical, imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit in both surgical repair from the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The physical examination revealed no myotomal or dermatomal deficits. The clinical documentation submitted for review failed to indicate the injured worker had clear clinical and electrophysiologic evidence of a lesion. There was no electrophysiologic evidence presented for review. The MRI revealed no findings of nerve compression. The prior conservative care was not provided in the documentation. Additionally request as submitted failed to indicate the disc involved in the total disc arthroplasty. Given the above, the request for total disc arthroplasty is not medically necessary.