

Case Number:	CM14-0065649		
Date Assigned:	07/11/2014	Date of Injury:	10/18/2012
Decision Date:	08/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/08/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 43-year-old male who reported an injury on 10/18/2012. The injured worker reportedly sustained a neck injury when he struck his head on an open cabinet. The current diagnosis is cervical spinal stenosis. The injured worker was evaluated on 10/18/2013 with complaints of 8/10 constant cervical spine pain. It is noted that the injured worker has been previously treated with physical therapy. The injured worker has also been treated with anti-inflammatory medication, neuropathic medication, and acupuncture. Physical examination revealed reduced sensation in the left upper extremity at the C5 dermatomal distribution, positive Hoffmann's sign in the left hand, and increased reflexes bilaterally. Treatment recommendations at that time included an anterior cervical discectomy and fusion at C3-4. It is noted that the injured worker underwent an MRI of the cervical spine on 07/29/2013, which indicated 2 mm retrolisthesis with a 4 mm diffuse disc bulge and moderate foraminal narrowing at C3-4 and a 3 mm diffuse disc bulge with mild foraminal narrowing at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Disc fusion at C3, C4 and disc replacement at C5, C6, C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Official Disability Guidelines.

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, Disc prosthesis, Fusion, anterior cervical.

Decision rationale: 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 an anterior cervical fusion is indicated for acute traumatic spinal injury, osteomyelitis, primary or metastatic bone tumor, cervical nerve root compression, spondylotic myelopathy, or spondylotic radiculopathy. As per the documentation submitted, the injured worker has been previously treated with physical therapy, acupuncture, and medication management. However, there were no flexion or extension view radiographs submitted for review, indicating cervical spine instability at the requested levels. Disc prosthesis is currently under study. Based on the clinical information received and the above mentioned guidelines, the request is non-certified.

Three (3) day hospital stay: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One (1) pre-operative 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.