

Case Number:	CM14-0072675		
Date Assigned:	07/16/2014	Date of Injury:	12/08/2012
Decision Date:	08/14/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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:

This 42-year-old male aircraft engineer sustained an industrial injury on 12/8/12. Injury occurred when he slipped and fell from a lift truck, landing on his neck and back. The 4/4/14 neurosurgical report cited subjective complaints of grade 8/10 interscapular and neck pain, headaches, and upper extremity numbness and weakness. Conservative treatment had included chiropractic manipulation, cervical traction, anti-inflammatory medications, and activity limitation. Physical exam findings included 3/5 left biceps strength, absent left biceps deep tendon reflex, and diminished light touch sensation in the left forearm and first, second, and third digits. There was moderate to severe cervical tenderness and cervical pain with left rotation greater than 20 degrees. MRI findings were significant for broad-based disc herniation with severe foraminal narrowing and encroachment of the left C6 nerve root. The diagnosis was cervical disc displacement, cervical radiculopathy, and cervical stenosis. The treatment plan recommended anterior cervical discectomy and fusion at C5/6. The 4/18/14 utilization review denied the request for anterior cervical discectomy and fusion as there was insufficient documentation to support the medical necessity relative to guideline criteria. There was no current report from the surgeon available for review and no documentation of conservative treatment. The 5/9/14 chiropractic AME supplemental report indicated that the patient would like to exhaust his conservative options. The recommendations included a sufficient trial of physical therapy and/or chiropractic, pharmacotherapy and/or injections, and other conservative measures. Should the patient fail all conservative therapies, he opined that surgical correction would be of benefit.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fusion, anterior cervical.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have been met. There is reasonable documentation that comprehensive pharmacologic and non-pharmacologic conservative treatment (medications and altered activities) had been tried and failed in this neurologically compromised patient with clinical findings that correlate with imaging. Therefore, this request for anterior cervical discectomy and fusion is medically necessary.