

Case Number:	CM14-0076894		
Date Assigned:	07/18/2014	Date of Injury:	07/11/2013
Decision Date:	09/26/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 of unknown mechanism on 07/11/2013. On 02/10/2014, her diagnoses included cervical radiculopathy and shoulder strain, trapezius muscle. Her complaints included left neck and trapezius pain with spasms radiating to the left upper extremity with associated tingling. The recommendations were for an MRI of the cervical spine and CT of the cervical spine. On 04/10/2014, it was noted that the cervical spine MRI and CT had been performed. The results of those diagnostic studies were not included in the submitted documentation. Her treatment plan included medications, ice pack/heat pack, and a home exercise program. There was no rationale or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient surgery -ACDF C6-7.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for inpatient surgery, ACDF C6-7 is not medically necessary. Per the CA MTUS/ACOEM Guidelines, within the first 3 months of onset of potentially work related acute neck and upper back symptoms, consider surgery only if the following are detected: severe spinal vertebral pathology; severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy or a disc herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis. This worker was injured more than 1 year ago which exceeds the recommendations in the guidelines of consideration of surgical procedures within the first 3 months of onset of acute neck symptoms. Additionally, although the documentation suggested that an MRI and CT of the cervical spine were completed. The results of those diagnostic studies were not included in the submitted documentation. There is no evidence submitted of this worker having severe spinal vertebral pathology, severe debilitating symptoms, or disc herniation. The clinical information submitted failed to meet the evidence-based guidelines for cervical discectomy and fusion. Therefore, this request for inpatient surgery, ACDF C6-7, is not medically necessary.