

Case Number:	CM14-0077164		
Date Assigned:	07/18/2014	Date of Injury:	04/07/2001
Decision Date:	08/25/2014	UR Denial Date:	05/06/2014
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 Neurological 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 54-year-old gentleman who was reportedly injured on April 7, 2001. The mechanism of injury is being struck in the head by a piece of metal. The most recent progress note dated April 14, 2014, indicates that there are ongoing complaints of neck pain and stiffness as well as right shoulder pain. Current medications include gabapentin, Prilosec, Norco, Terocin patches, as well as hypertension medications and Albuterol. The physical examination demonstrated tenderness over the cervical paraspinal muscles, trapezius, deltoids, and rhomboids with spasms. Decreased sensation was noted on the left C5 and C6 dermatomes as well as the right C6 dermatomes. Cervical epidural injections as well as a cervical fusion were discussed. Diagnostic imaging studies of the cervical spine noted loss of disc height at C5/C6 and C6/C7 with neural foraminal narrowing. A request was made for an anterior cervical discectomy and fusion at C4/C5 and C5/C6 as well as the use of an external bone stimulator and was not certified in the pre-authorization process on May 6, 2014.

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, with instrumentation, C4-5 and C5-6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders, Clinical Measures: Surgical Considerations-Spinal Fusion.

Decision rationale: According to the American College of Occupational and Environmental Medicine a cervical fusion is indicated for patients with a sub-acute or chronic radiculopathy due to ongoing nerve root compression with significant pain and functional limitation after at least six weeks of appropriate non-operative treatment. According to the most recent progress note dated April 14, 2014, the injured employee is not indicated to have had any non-operative treatment other than physical therapy. Furthermore there is no evidence of nerve root compression on the magnetic resonance image. For these reasons this request for an anterior cervical discectomy and fusion with instrumentation at C4/C5 and C5/C6 is not medically necessary.

External Bone Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter: Bone growth stimulator (BGS).

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.