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| Case Number: | CM14-0084172 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 06/04/2009 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/05/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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 57 year old male who reported an injury to his cervical spine on 06/04/09. Utilization review dated 05/27/14 resulted in denial for C5-6 and C6-7 ACDF with two day inpatient stay. A clinical note dated 07/22/14 indicated complaining of neck pain. The injured worker had current smoking habit of two packs per day. The injured worker had pre-operative studies revealing essentially normal findings. Clinical note dated 04/18/14 indicated the injured worker undergoing radiographs and MRI revealing structural changes at C5-6 and C6-7. The injured worker failed conservative treatment. Clinical note dated 02/07/14 indicated the injured worker undergoing CT scan of the lumbar spine which revealed slight cage migration. Disc desiccation was identified at C5-6 and C6-7 with narrowing and cervical radiculopathy. Electrodiagnostic studies on 11/15/13 revealed mild slowing of the median sensory distal latency at the wrist on the right with mild slowing to the carpal tunnels bilaterally. Mild slowing was identified at the elbows. AME dated 07/15/13 indicated the injured worker previously undergoing lumbar spine surgery in 05/12. The injured worker was not recommended for surgical intervention in the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6, C6-C7 Anterior Cervical Disectomy & Fusion1 day inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-80.

Decision rationale: The request for C5-C6, C6-C7 Anterior Cervical Discectomy & Fusion 1 day inpatient for the injured worker is not recommended. The injured worker complained of neck pain. Anterior cervical discectomy and fusion (ACDF) is indicated provided that the injured worker meets specific criteria, including imaging studies confirming pathology, completion of all conservative treatment, and significant symptoms identified by clinical evaluation. No imaging studies were submitted for review. No information was submitted regarding completion of any conservative treatment including therapeutic interventions and injections or significant neurological deficits in C5, C6, or C7 distributions. Given this, the request is not indicated as medically necessary.