

Case Number:	CM14-0088715		
Date Assigned:	07/23/2014	Date of Injury:	06/21/2012
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 39-year-old female who reported an injury on 05/21/2012. The mechanism of injury involved heavy lifting. Current diagnoses include cervicgia, cervical degenerative disc disease, cervical stenosis, cervical radiculopathy, and degenerative joint disease in the spine. The injured worker was evaluated on 04/23/2014 with complaints of persistent neck pain with radiation into the right upper extremity. The current medication regimen includes Geodon, Xanax, Effexor XR, and gabapentin. Physical examination revealed moderate tenderness to palpation, limited cervical range of motion, positive Spurling's maneuver, normal deep tendon reflexes, decreased sensation in the right upper extremity, and diminished motor strength in the right upper extremity. Treatment recommendations at that time included an anterior cervical discectomy and fusion at C4-5. It was noted that the injured worker has been treated with 6 weeks of physical therapy, chiropractic treatment, medication management, and rest. The injured worker also underwent an MRI of the cervical spine on 04/01/2014, which indicated disc degeneration at C4-5 with no evidence of cord compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Instrumentation 2-3 Vertebral Segments Arthrodesis Anterior Interbody with Discectomy Fluoroscopic Guidance (ACDF C4-5): 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): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical and imaging evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. Official Disability Guidelines state an anterior cervical fusion is indicated for spondylotic radiculopathy. There should be evidence of significant symptoms that correlate with physical examination findings and imaging reports. There should also be documentation of medication management, active pain management, and physical therapy. As per the documentation submitted, the injured worker has participated in physical therapy and chiropractic therapy. The injured worker has also been previously treated with anti-inflammatory and pain medication. However, there was no documentation of nerve root compression upon imaging study. There was also no evidence of spinal instability upon flexion and extension view radiographs. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

Cardiac Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

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.

Inpatient 2 Day Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hospital Length of Stay (LOS).

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.