

Case Number:	CM14-0093165		
Date Assigned:	07/25/2014	Date of Injury:	06/01/2009
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 56-year-old female who reported an injury on 06/01/2009. The mechanism of injury was not stated. Current diagnosis is herniated disc in the cervical spine. The injured worker was evaluated on 04/29/2014 with complaints of neck pain and right arm pain. Previous conservative treatment includes therapy and medication. The current medication regimen was not listed. Physical examination revealed 70 degrees flexion and extension, positive Spurling's maneuver, diminished strength in the right upper extremity, and negative clonus. Treatment recommendations included an anterior decompression and fusion at C5-6 with instrumentation and bone grafting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Decompression and Fusion at C5-6 with instrumentation and bone graft:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Neck & Upper Back Procedure Summary.

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 shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state an anterior cervical fusion is indicated for spondylotic radiculopathy if there is evidence of significant symptoms correlating with physical examination findings and persistent or progressive radicular pain or weakness secondary to nerve root compression. As per the documentation submitted, the injured worker has been previously treated with medication and physical therapy. However, there were no imaging studies provided for this review. There is no evidence of documented spinal instability upon flexion and extension view radiographs prior to the request for a cervical fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

Cervical collar for post-op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)/TWC(treatment in workers compensation)- Neck & Upper Back procedure Summary.

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.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons American college of surgeons.

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.