

Case Number:	CM14-0093221		
Date Assigned:	08/15/2014	Date of Injury:	09/07/2007
Decision Date:	12/30/2014	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 Spine 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 49-year-old male who reported an injury on 09/07/2007. The injured worker reportedly slipped on a piece of cardboard. The current diagnoses include cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, and right knee degenerative joint disease. The latest physician progress report submitted for this review is documented on 03/04/2014. The injured worker presented with complaints of right arm numbness and increasing neck pain. Physical examination revealed positive Spurling's maneuver, positive trapezius spasm, positive rhomboid spasm, decreased sensation in the lower extremity, and peroneal weakness. Treatment recommendations included a consultation with an orthopedic surgeon. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6, C6-C7 ACDF: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 electrophysiologic evidence of a lesion; and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state prior to an anterior cervical fusion, there should be documentation of significant symptoms that correlate with physical examination findings and radiologist interpreted imaging reports. There should also be evidence of persistent or progressive radicular pain or weakness secondary to nerve root compression despite 8 weeks of conservative therapy. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there was no documentation of a significant functional limitation. There were no imaging studies provided for review. There was no documentation of spinal instability upon flexion and extension view radiographs. The medical necessity for the requested procedure has not been established. Therefore, the request is not medically appropriate at this time.