

Case Number:	CM14-0096435		
Date Assigned:	07/25/2014	Date of Injury:	12/06/2007
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 49-year-old male who reported an injury on 12/06/2007. Due to continuous trauma while performing normal job duties the injured worker reportedly sustained an injury to his cervical spine. The injured worker's treatment history included shoulder surgery, lumbar fusion surgery, cervical epidural steroid injections, physical therapy, and medications. The injured worker underwent a cervical MRI on 02/17/2014. It was noted that the injured worker had a disc bulge at the C5-6 impinging the exiting cervical nerve root, disc bulging at the C6-7 and C7-T1 with a mild degree of central canal narrowing, and disc bulge at the C6-7 impinging on the left exiting nerve root. The injured worker was evaluated on 04/11/2014. It was indicated that the injured worker had ongoing severe cervical spine pain complaints. Physical findings included restricted range of motion of the cervical spine, secondary to pain with decreased sensation in the thumb, index, and middle fingers of the right hand and diminished right-sided deep tendon reflexes in the biceps, triceps, and brachioradialis. The injured worker's diagnoses included cervical spine stenosis, persistent significant dyesthesia in the upper extremities, neck pain, and cervicgia. The injured worker's treatment recommendations included C4-5, C5-6 and C6-7 anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5, C5-C6, C6-C7 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for surgery - Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 179-180.

Decision rationale: The requested C4-5, C5-6, C6-7 anterior cervical discectomy, and fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend cervical fusion for patients who have documented spinal instability. The clinical documentation submitted for review does not provide any evidence of spinal instability. The American College of Occupational and Environmental Medicine do not recommend persistent pain and radiculopathy as basic criteria for multilevel fusions. Without evidence of instability, the requested surgical procedure is not supported by guideline recommendations. As such, the requested C4-5, C5-6, C6-7 anterior cervical discectomy, and fusion is not medically necessary or appropriate.