

Case Number:	CM14-0096767		
Date Assigned:	07/23/2014	Date of Injury:	02/21/2013
Decision Date:	11/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/06/2014

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 51-year-old male who reported an injury on 02/21/2013. The injured worker reportedly slipped while exiting his cab. The current diagnoses include cervical radiculopathy, shoulder impingement, and lumbar disc displacement without myelopathy. The injured worker was evaluated on 04/16/2014 with complaints of increased neck pain radiating into the bilateral upper extremities. Previous conservative treatment is noted to include cervical epidural steroid injection, physical therapy, and medications. Physical examination revealed spasm, tenderness, guarding, decreased cervical range of motion, decreased sensation in the C5 and C6 dermatomes on the left and 4/5 deltoid strength. Treatment recommendations at that time included an anterior cervical discectomy and fusion with instrumentation and bone grafting at the C5-6 and C6-7 levels. A Request for Authorization form was then submitted on 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery of the anterior cervical discectomy and fusion with instrumentation C5-6 and C6-7, external bone simulator for multilevel arthrodesis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

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 care. The Official Disability Guidelines recommend an anterior cervical fusion for spondylotic radiculopathy when there is evidence of significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness, and at least 8 weeks of conservative treatment. There should be diagnostic imaging demonstrating instability by flexion and extension x-rays. As per the documentation submitted, the patient has exhausted conservative treatment in the form of physical therapy, cervical epidural injections, and medications. However, there is no documentation of spinal instability upon flexion and extension view radiographs. There was no imaging studies provided for this review. Based on the clinical information received, the injured worker does not currently meet criteria for the requested procedure. Therefore, the request is not medically appropriate at this time.