

Case Number:	CM14-0096781		
Date Assigned:	07/23/2014	Date of Injury:	10/04/1965
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 48-year-old male who reported an injury on 08/26/2013. The mechanism of injury involved a motor vehicle accident. Current diagnoses include cervical disc herniation, cervical cord compression, severe cervical stenosis, cervical myeloradiculopathy, bilateral upper extremity radiculopathy, and failure to respond to extensive nonsurgical treatment. The injured worker was evaluated on 03/28/2014, with complaints of severe neck pain rated 8/10. Previous conservative treatment includes medication management, electrical stimulation, massage therapy, and epidural steroid injection. Physical examination revealed stiffness, tenderness to palpation, with trigger points, limited cervical range of motion, with decreased sensation in the bilateral upper extremities and diminished strength in the bilateral upper extremities. Treatment recommendations at that time included an anterior cervical discectomy and fusion at C5 through C7. It is noted that the injured worker underwent an MRI of the cervical spine on 03/15/2014, which indicated reversal of cervical lordosis, anterolisthesis at C7-T1, and multilevel disc bulge.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C5 through C7: Upheld

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

Upper Back chapter, regarding cervical fusion, cervical discectomy and indications for surgery discectomy/ laminectomy.

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: The 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 anterior cervical fusion is indicated for acute traumatic spinal injury, osteomyelitis, primary or metastatic bone tumor, cervical nerve root compression, spondylotic myelopathy, or spondylotic radiculopathy. There should be evidence of an exhaustion of conservative treatment. There should also be documentation of persistent or progressive radicular pain or weakness secondary to nerve root compression. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there is no documentation of spinal instability upon flexion and extension view radiographs. Therefore, the current request for an anterior cervical fusion cannot be determined as medically appropriate in this case. As such, the request is non-certified.