

Case Number:	CM14-0186782		
Date Assigned:	11/14/2014	Date of Injury:	08/03/2012
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Surgeon and is licensed to practice in California. 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 50-year-old male with a reported date of injury of 08/03/2012. The mechanism of injury involved cumulative trauma. The injured worker is currently diagnosed with cervical radiculitis, lumbar radiculitis, myelopathy, and generalized weakness. The injured worker presented on 07/22/2014 with complaints of persistent neck pain with radiation into the bilateral upper extremities. Previous conservative treatment is noted to include anti-inflammatory medication and physical therapy. The injured worker is currently utilizing diazepam, Lyrica, and meloxicam. Physical examination revealed tenderness to palpation over the paraspinal musculature, 50 degree flexion, 60 degree extension, 60 degree left rotation, 60 degree right rotation, 45 degree right and left lateral bending, and negative Hoffman's and Romberg's sign. There was also diminished motor strength in the bilateral upper extremities and intact sensation in all dermatomes. Treatment recommendations at that time included electrodiagnostic studies, cervical spine X-rays and a cervical spine CT scan. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an x-ray of the cervical spine on 09/08/2014, which revealed diffuse cervical spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 may be 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 (ODG) state an anterior cervical fusion is recommend for spondylotic radiculopathy or non-traumatic instability when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. As per the documentation submitted, there was no evidence of instability upon flexion and extension view radiographs. There is no mention of an attempt at previous conservative treatment in the form of facet or epidural injections. There is also no documentation of a significant functional limitation upon physical examination. As the medical necessity has not been established, the request is not medically appropriate at this time.