

Case Number:	CM14-0187558		
Date Assigned:	11/17/2014	Date of Injury:	12/10/2012
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
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 61-year-old male with a reported date of injury of 12/10/2012. The mechanism of injury involved repetitive activity. The current diagnosis is cervical spondylosis with degenerative disc disease. The injured worker presented on 08/28/2014 with complaints of persistent neck pain. Previous conservative treatment is noted to include medication management, selective nerve root block, physical therapy, TENS therapy and traction. Physical examination revealed mild tenderness to palpation in the mid lower cervical spine, mildly positive Spurling's sign to the right, 5/5 bilateral upper extremity strength, and intact sensation to all distributions bilaterally. Treatment recommendations at that time included an anterior cervical discectomy and fusion from C4-7. It is noted that the injured worker underwent an MRI of the cervical spine on 07/02/2014, which revealed evidence of a right paracentral disc protrusion at C4-5, annular bulging at C5-6 and C6-7, and multilevel neural foraminal narrowing. 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:

Anterior cervical disc fusion at C4-C7 with hospital stay x 3 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

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 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 recommend an anterior cervical fusion for spondylotic radiculopathy or nontraumatic 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 8 weeks of conservative therapy. It is noted that the injured worker has exhausted conservative treatment. However, there was no documentation of spinal instability upon flexion and extension view radiographs. Additionally, fewer levels are preferred to limit the strain on the unfused segments. Based on the clinical information received and the abovementioned guidelines, the request is not medically appropriate at this time.