

Case Number:	CM14-0190699		
Date Assigned:	11/24/2014	Date of Injury:	04/17/2002
Decision Date:	03/30/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old male who reported an injury on 04/17/2002 due to an unspecified mechanism of injury. On 09/02/2014, he presented for a followup evaluation regarding his work related injury. He reported pain in the cervical spine and in the low back. He noted that the pain in the cervical spine was rated at a 9/10 and in the low back an 8/10. He also reported constant pain in the right hip rated at a 7/10. A physical examination of the cervical spine showed there is palpable paravertebral muscle tenderness with spasm and a positive axial loading compression test was noted. Spurling's maneuver was positive, range of motion was limited with pain, and there was no clinical evidence of stability on examination. Coordination and balance was intact, circulation was intact, and sensation showed tingling and numbness into the lateral forearm and hand greatest over the thumb that correlated in a C6 dermatomal pattern. There was also 4 strength in the wrist extensors and biceps C6 innervated muscles. An unofficial MRI of the cervical spine reported showed at the C5-6 there was a 30% decrease of disc height, and there was dehydration of the disc and a 3 mm posterior protrusion that was compromising the subarachnoid space. He was diagnosed with cervical discopathy, cervicgia, multilevel spondylosis of the lumbar spine, and progressive neurological deficit on both lower extremities. The treatment plan was for a C5-6 anterior cervical discectomy with rigid fusion and realignment of junctional kyphotic deformity with a 2 to 3 day stay. The rationale for treatment was to treat the injured workers symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 Anterior cervical discectomy with rigid fusion and realignment of junctional kyphotic deformity with 2-3 day stay: 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 (ODG), Neck & Upper Back, Discectomy-laminectomy-laminoplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

Decision rationale: The California ACOEM Guidelines indicate that surgical consultations may be indicated for those who have spinal intervertebral pathology and severe debilitating symptoms with a physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that do not respond to conservative therapy. The documentation provided indicates that the injured worker is having pain of a neuropathic source. However, no official imaging studies were provided for review to validate that he has the existence of a lesion that would benefit from surgical repair at the C5-6 level. Also, there is a lack of documentation showing that he has tried and failed all recommended conservative therapy options, such as physical therapy, injections, and medications. Also, the request for a 2 to 3 day stay is vague and would not be supported without the exact estimated length of hospital stay. Therefore, the request is not supported. As such, the request is not medically necessary.