

Case Number:	CM14-0191104		
Date Assigned:	11/25/2014	Date of Injury:	05/26/2009
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 female who reported an injury on 05/26/2009 while working in a hospital as a receptionist, from repetitive motion. She complained of cervical pain. The diagnoses included cervical disc degeneration with neck pain with radiculopathy, bilateral shoulder pain and medial and lateral epicondylitis/wrist tendinitis. Her surgical history was not provided. Medications included Tylenol No.2. Objective findings dated 10/28/2014 revealed paraspinal spasms throughout the posterior cervical region, pain on palpation throughout trapezius musculature bilaterally. Pain increased with extension and lateral bending of the cervical spine on the left and right. Flexion was 30 degrees, extension 30 degrees, lateral bending 20 degrees bilaterally with rotation 50 degrees bilaterally. All movements associated with significant cervical pain. Light touch sensation was decreased in all digits of the right hand and 1st through 4th digits of the left hand. Prior treatments included physical therapy. The MRI of the cervical spine dated 03/13/2014 revealed findings compatible with central annular tear at C2-3, C3-4, C4-5 and C5-6 disc levels without evidence of large herniation or transligamentous disc extrusion at any cervical level. The electrodiagnostic testing was compatible with upper extremity findings for C5 radiculopathy. The treatment plan included an anterior cervical fusion at the C4-5. The Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Fusion, C4-5 Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines TWC (Treatment In Workers Compensation)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The request for anterior cervical fusion C4-5, quantity 1 is not medically necessary. The California MTUS/ACOEM states that cervical nerve root decompression may be accomplished in 1 of 2 major ways. Some practitioners prefer cervical laminectomy and disk excision with nerve root decompression. A pre-surgical screening should include consideration of psychological evaluation. Review of the documentation was not evident that the injured worker has had a psychological evaluation performed. As such, the request is non-certified.

Application of Intervertebral Biomechanical Device, Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Anterior Instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.