MAXIMUS Federal Services

Case Number:	CM14-0192873		
Date Assigned:	11/26/2014	Date of Injury:	03/12/2013
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 Surgery 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 37-year-old female who reported an injury on 03/12/2013 due to an unspecified mechanism of injury. On 10/08/2014, she presented for a follow-up evaluation and reported no change in her symptoms. A physical examination of the cervical spine showed tenderness to palpation over the paraspinal musculature, normal lordosis, and no tenderness to palpation over the spinous process with negative Hoffman's and Romberg's signs. Range of motion was documented as flexion to 50/50 degrees, extension to 60/60 degrees, rotation to the right and left was 80/80 degrees, and right and left lateral bending was 45 degrees. Strength in the upper extremities was at 5/5 and there was diminished sensation over the right C5 dermatome. She had a negative heel to toe reflex and reflexes were at 2+ in the biceps, triceps, and brachial radialis. Information regarding the injured worker's surgical history, diagnostic studies, relevant diagnoses, medications, and past treatments was not provided for review. The treatment plan was for a C4-5 anterior discectomy and fusion. The Request for Authorization form was signed on 10/10/2014. The rationale for treatment was to relieve the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 Anterior Disectomy and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, Fusion/Discectomy.

Decision rationale: The CAMTUS/ACOEM Guidelines state that a pre-surgical screening, such as a psychological screen, should be done before a cervical discectomy. The Official Disability Guidelines recommend cervical discectomy's' as an option if there is radiographically demonstrated abnormality to support clinical findings consistent with one of the following: (1) Progression of myelopathy or focal motor deficit; (2) Intractable radicular pain in the presence of documented clinical and radiographic findings; or (3) Presence of spinal instability when performed in conjunction with stabilization. The guidelines additionally state that anterior cervical fusions are recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. There was a lack of documentation showing that the injured worker had any significant functional deficits that would support the request for a cervical anterior discectomy and fusion. There was also no documentation showing that the injured worker had undergone a psychological evaluation prior to the request for the procedure as recommended by the guidelines. In addition, there was a lack of documentation showing that the injured worker had undergone recommended conservative therapy, such as physical therapy and injections, to support the request for a surgical intervention. Furthermore, the injured worker does not have an active radiculopathy on examination. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.