

Case Number:	CM14-0193288		
Date Assigned:	12/01/2014	Date of Injury:	06/25/2010
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
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 Surgeon and is licensed to practice in Texas. 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 65-year-old male who reported an injury on 06/25/2010. The mechanism of injury was not specifically stated. The current diagnoses include a cervical spine sprain/strain, lumbar spine sprain/strain, and gastritis. The injured worker presented on 09/04/2014 with complaints of moderate neck pain with radiation into the left hand, left arm numbness and tingling, and intermittent lower back pain. Physical examination revealed tenderness to palpation over the paracervical and trapezius muscles, positive muscle spasm, restricted range of motion secondary to pain, positive cervical distraction test, tenderness at C2-7, 2+ deep tendon reflexes, intact sensation, and 5/5 motor strength. Treatment recommendations at that time included an anterior cervical disc fusion at C3-4, C4-5, C5-6, and C6-7. A Request for Authorization form was then submitted on 10/20/2014. It is noted that the injured worker underwent an MRI of the cervical spine on 08/08/2014, which revealed evidence of multilevel disc desiccation with moderate to severe bilateral neural foraminal narrowing at C3-4, C4-5, C5-6, C6-7, and C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical disc fusion of C3-C4, C4-C5, C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

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 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 resolved 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 examination findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and following at least 8 weeks of conservative therapy. While it is noted that the injured worker reported ongoing complaints of cervical spine pain, there is no clear documentation of radiculopathy on physical examination that would correlate with imaging findings. Motor strength, sensation, and deep tendon reflexes are all noted to be normal on physical examination. Based on the clinical information received, the request cannot be determined as medically appropriate at this time.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Associate of Orthopaedic Surgeons, Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics, Role of the First Assistant

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Associated surgical service: Cervical brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Associated surgical service: Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Associated surgical service: Post-operative cryotherapy; one (1) month, 3-5 times per day:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Associated surgical service: Bone Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back and on the Non-MTUS AETNA Clinical Policy Bulletins Number 0343. Bone Growth Stimulators

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.