

Case Number:	CM14-0199302		
Date Assigned:	12/09/2014	Date of Injury:	09/30/2011
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Surgery, 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 32-year-old male who reported injuries when he was hit in the back and neck by a falling object while he was bent over on 09/30/2011. On 05/28/2014, his diagnoses included cervical sprain, cervical spondylosis with kyphosis at C4 through C7, with mild central stenosis at C5-6, and mild bilateral foraminal stenosis at C5 through C7 and cervicogenic headaches. Electrophysiologic testing on 03/07/2014 revealed no electrodiagnostic evidence of cervical radiculopathy bilaterally; moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome. An MRI of the cervical spine on 06/30/2014 revealed spinal stenosis of mild to moderate degree at C4 through C7 and to a mild degree at C2 through C4; right neural foraminal stenosis of moderate to severe degree at C4 through C6 and mild to moderate degree at C3 through C7; left neural foraminal stenosis of severe degree at C5 through C7; moderate to severe degree at C4-5; and mild to moderate at C3-4 with developmental spinal stenosis. On 07/28/2014, the progress report noted that given the severity of the abnormalities found on the cervical MRI, as well as the severity of his symptoms, which had been present for over 2 years, it was concluded that nonsurgical care was not likely to result in favorable outcome, and therefore, he was deemed to be a surgical candidate. On 10/06/2014, a separate review of the above noted MRI concluded that there was no evidence of neurologic impingement, and therefore, no indication for surgery. A Request for Authorization dated 10/24/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C4-C5, C5-C6, and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for anterior cervical discectomy and fusion at C4-C5, C5-C6, and C6-C7 is not medically necessary. The California ACOEM Guidelines note that within the first 3 months of onset of potentially work related acute neck and upper back symptoms, consider surgery only if the following are detected: i severe spinal vertebral pathology; severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy; or a disc herniation impinging on a nerve root causing irritation, shoulder and arm symptoms and nerve root dysfunction. The guidelines go on to note that discectomy is not recommended for treatment of acute, subacute or chronic cervical pain or thoracic pain without radiculopathy. The need for the requested surgery was not clearly demonstrated in the submitted documentation. Therefore, the request for anterior cervical discectomy and fusion at C4-C5, C5-C6, and C6-C7 is not medically necessary.

Associated surgical services: Two day inpatient hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.