

Case Number:	CM14-0199323		
Date Assigned:	12/09/2014	Date of Injury:	01/06/2014
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
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 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 54-year-old female who reported an injury on 01/06/2014, due to a slip and fall. On 07/11/2014, the patient presented with intermittent vertigo. Diagnoses were cervical disc herniation and cervical radiculopathy with radiation of pain going down the left upper extremity. Other therapies included physical therapy, acupuncture, epidural steroid injections, and medications. Upon examination, there was pain to palpation of the paraspinal muscles, left trapezius, and left rhomboid. There was full range of motion, and the cervical posture was noted to be well preserved with no splinting. There was a negative Spurling's test noted. There was intact sensation and 5/5 strength. MRI of the cervical spine performed on 07/11/2014 revealed left subarticular zone disc herniation measured at 4 mm in AP diameter and 8 mm in craniocaudal dimensions superimposed on a ventral disc bulge, along with facet joints and uncovertebral spurring causing moderate left lateral recess narrowing, mild central canal and moderate left neural foraminal narrowing. The right neural foramen is patent. The provider recommended an anterior cervical discectomy and fusion at the C5-6 level, and purchase of a cervical collar. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical diskectomy and fusion at C5-6: 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): 179-180.

Decision rationale: The request for an anterior cervical discectomy and fusion at the C5-6 level is not medically necessary. The California MTUS/ACOEM Guidelines state that within the first 3 months of onset of potentially work related acute neck and upper back symptoms, consideration of surgery is only recommended for severe spinal vertebral pathology and 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. For surgical consideration, it is indicated for patients who have persistent severe disabling shoulder or arm symptoms, activity limitation for more than 1 month or with extreme progression of symptoms, clear clinical imaging and electrophysiologic evidence that consistently indicate the same lesion has been shown to benefit from surgical repair, and unresolved radicular symptoms after receiving conservative treatment. The provider noted that the patient had exhausted conservative treatment to include physical therapy, epidural steroid injections, medications, and heat and ice therapy. Physical examination noted pain to palpation over the paraspinal muscles, left trapezius and left rhomboids. There were no objective signs or symptoms of radiculopathy. There is noted to be 5/5 strength with intact sensation and full range of motion on Spurling's test upon examination. There is no evidence of instability, activity limitation, progressing symptoms, or signs or symptoms of neural compromise noted. As such, medical necessity has not been established.

Associated Surgical Service: Purchase of a cervical collar: Upheld

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

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.