

Case Number:	CM14-0200208		
Date Assigned:	12/10/2014	Date of Injury:	08/04/2013
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 43-year-old female who reported injuries due to cumulative trauma on 08/04/2013. On 10/02/2014, her diagnostic impression included cervical disc displacement with radiculopathy and cervical stenosis. Her complaints included neck pain with radiation to the bilateral upper extremities, right arm weakness, and numbness. Upon examination, there was diminished perception of light touch and pinprick in the right arm and 1st and 2nd digits. The right biceps reflex was absent. An MRI of the cervical spine on 09/05/2014 revealed hypolordosis, degenerative disc disease, C3-4 posterocentral disc protrusion, C5-6 posterior disc protrusion, C6-7 posterior disc protrusion. It was negative for appreciable impingement of cervical nerve roots. It was noted that she had tried in home traction, anti-inflammatories, physical therapy, and trigger point injections. She had moderate discomfort on palpation of the mid cervical spine, and her rotational range of motion was limited to 20 degrees due to pain. It was noted that she was taking several pain medications daily. Treatment plan recommendations noted that she was a surgical candidate to address neck pain and radiculopathy. It was unlikely that the symptoms would improve without surgical treatment. A Request for Authorization dated 10/07/2014 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 fusion C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. 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): 179-181.

Decision rationale: The request for anterior cervical discectomy fusion C5-6 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: severe spinovertebral 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. The presence of a herniated cervical or upper thoracic disc on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniation that apparently does not cause symptoms. Discectomy is not recommended for treatment of acute, subacute, or chronic cervical pain without radiculopathy. A single cervical nerve root or epidural corticosteroid injection may be tried to attempt to control symptoms and allow sufficient time to ascertain whether the problem will become controlled and resolve over time without surgery. Referral for surgical consultation is indicated for patients who have unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Although it was noted that this injured worker had participated in various modalities of conservative care, the results, including change in level of pain or functional abilities, was not included in the submitted documentation. Additionally, her MRI revealed no indication of nerve root compromise. The need for discectomy and fusion has not been clearly demonstrated in the submitted documentation. Therefore, this request for anterior cervical discectomy fusion C5-6 is not medically necessary.

Pre-op chest X-ray: 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), Low Back, and Preoperative testing, general

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

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

Assistant surgeon: 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), Low Back, Surgical assistant

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

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

1 Day inpatient stay: 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 and Upper Back, Hospital length of stay (LOS)

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

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