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| Case Number: | CM14-0201321 | | |
| Date Assigned: | 12/11/2014 | Date of Injury: | 10/18/2013 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 11/11/2014 |
| 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, has a subspecialty in Spine 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 patient is a 51-year-old male who reported an injury on 10/18/2013. Mechanism of injury was not submitted for review. The injured worker has a diagnoses of cervical spondylolisthesis at C4-5 with moderate right foraminal stenosis, thoracic strain, lumbar strain, and degenerative disc disease with protrusions at L3-4, L4-5, and L5-S1. Past medical treatment consists of ultrasound, E stim, physical therapy, epidural steroid injections, and medication therapy. No medications were documented in the report. It was noted that the injured worker had completed up to at least 12 visits of physical therapy. No pertinent diagnostics were submitted for review. On 10/20/2014, the injured worker complained of constant, severe low back pain that radiated into the left buttocks. Physical examination noted that the injured worker was positive for tenderness to palpation at the trapezius bilaterally. It was also noted that the injured worker had full range of motion of cervical flexion. It was noted that he had 75% of range of motion with cervical extension, right lateral flexion, left lateral flexion, right rotation, and left rotation. Motor strength was 5/5 in all extremities. Sensation to light touch was intact in both upper extremities. Reflexes of biceps, triceps, and brachioradialis was +1 bilaterally. Apprehension test and Adson's test were negative bilaterally. Medical treatment plan is for the injured worker to undergo anterior cervical discectomy and fusion at C4-5. The provider states that the injured worker has been unresponsive to conservative care, including physical therapy, anti-inflammatory medications, and epidural steroid injections. He finds that the injured worker is now a candidate for anterior cervical discectomy and fusion. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient anterior cervical discectomy and fusion C4-C5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for outpatient anterior cervical discectomy and fusion C4-C5 is not medically necessary. The MTUS/ACOEM Guidelines state criteria for surgical consideration is to include persistent, severe, disabling shoulder or arm symptoms, activity limitation for more than 1 month, or with extreme progression of symptoms, clear clinical imaging and electrophysiological evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in short and long term, and unresolved radicular symptoms after receiving conservative treatment. The guidelines state once criteria have been met, a consideration of psychological evaluation is next. On 10/20/2014, the injured worker complained of constant, severe low back pain that radiated into the left buttocks, but not down the leg. It was also noted that the injured worker had exhausted conservative treatment, which consisted of ultrasound, E Stim, epidural steroid injections, physical therapy, and medication therapy. However, there was no indication of activity limitation for more than 1 month, or extreme progression of symptoms, there were also were clear clinical, imaging, or electrophysiological evidence submitted for review. Additionally, there was no indication of the injured worker having a diagnosis congruent with the above guidelines of radiculopathy. The guidelines go on to state that efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Furthermore, there was no evidence of the injured worker having undergone consideration of a psychological evaluation. Given the above, the injured worker is not within MTUS/ACOEM recommended guideline criteria. As such, the request is not medically necessary.