

Case Number:	CM14-0032100		
Date Assigned:	06/20/2014	Date of Injury:	06/26/2012
Decision Date:	01/31/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/13/2014

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 ENTER SUBSPECIALTY and is licensed to practice in Georgia. 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 53 year-old male, who reported injury on June 26, 2012, while performing regular work duties. The mechanism of injury is from pulling and lifting, which caused pain in the left arm. An evaluation on November 2, 2012, indicates the injured worker has received physical therapy, and reports improvement. MRI of the left upper extremity obtained on July 18, 2012, revealed a moderate grade intrasubstance bursal side partial thickness tear of the supraspinatus. An evaluation on July 19, 2012, indicated tenderness in the subacromial space, and severe pain with rotation of the left shoulder. On July 25, 2013, the injured worker complained of left shoulder pain which was moderate to severe. The record indicated the injured worker was on a home exercise program, and medications. On August 28, 2013, physical findings were tenderness of the cervical spine paraspinal muscles. The record noted there was a cervical spine fusion completed on November 2, 2012. . On January 29, 2014, the injured worker complained of cervical spine pain with radiation to both shoulders, rated 9 out of 10 on a pain scale. The injured worker described the pain as throbbing, sharp and stiff. The records do not support findings of radiculopathy at the level to be fused. The previous fusion operative report is not available for this review. A rationale was not submitted for review. The request for Authorization was submitted on 01/29/2014.

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 C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back (updated 12/16/2013) Discectomy-laminectomy-laminoplasty and Indications for Surgery- Discectomy/Laminectomy (Excluding Fractures).

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 C5-6 is not medically necessary. The California MTUS/ACOEM Guidelines recommend for surgical consultation criteria of persistent, severe, disabling shoulder or arm symptoms, activity limitation for more than 1 month, with progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown the benefit from surgical repair, and/or unresolved radicular symptoms after receiving conservative treatment. Once guideline criteria have been met, psychological evaluation is then considered. The documentation indicated that the injured worker had pain in the shoulders. However, there was no indication of activity limitation, nor was there any indication of the injured worker having a diagnosis congruent with the above guidelines. An MRI of the upper extremities obtained on 07/18/2012 indicated a moderate grade intrasubstance bursal side partial thickness tear of the supraspinatus. However, there was no imaging evidence submitted for review indicating any deficiencies or deficits the injured worker might be having to the cervical spine. Additionally, the progress note submitted for review lacked any indication of range of motion, sensory deficits, muscle strength, and/or special testing. Also, there was no evidence submitted for review showing that the injured worker had undergone psychological evaluation. Given the above, the injured worker is not within the California MTUS/ACOEM Guideline criteria. As such, the request is not medically necessary.