

Case Number:	CM15-0005358		
Date Assigned:	01/16/2015	Date of Injury:	02/22/2011
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 02/22/2011. The mechanism of injury was cumulative trauma. Her past treatments have included modified duty, psychotherapy, and epidural steroid injections. She is diagnosed with chronic axial cervical spine pain and cervical disc herniation. An MRI of the cervical spine on 07/29/2011 revealed left proximal foraminal compromise at C4-5, likely irritating the transiting left C5 nerve root and bilateral lateral foraminal compromise, right greater than left, at C5-6 greater than C6-7. An Attending Physician's Statement dated 11/04/2014 indicated the injured worker was awaiting authorization for anterior cervical fusion. However, subjective and objective information was not included in this note. There was also no rationale for the requested surgery. The most recent clinical note provided for review was a psychiatric re-evaluation dated 12/09/2014. This report described symptoms of pain in her back, neck, and right arm extending into her right hand and fingers. However, objective information regarding the cervical spine was not included in this report either.

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 surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery Chapter

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The guidelines also state surgical consultation may be indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms and activity limitation for more than 1 month or extreme progression of symptoms. The guidelines also state there should be clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair, and there should be unresolved radicular symptoms after receiving conservative treatment. The injured worker was noted to have neck symptoms and radiating symptoms in the right upper extremity. An MRI revealed significant pathology at C4-5, C5-6, and C6-7. However, details regarding the injured worker's past treatment were not included in the medical records. She was noted to have psychotherapy and epidural steroid injection. However, there was no documentation regarding an adequate course of physical therapy and home exercise, as well as medications. Additionally, a recent physical examination with findings of significant neurological deficits to correlate with MRI findings was not provided. In the absence of this documentation, the requested surgical procedure is not supported by the evidence based guidelines. As such, the request is not medically necessary.