

Case Number:	CM15-0008101		
Date Assigned:	01/26/2015	Date of Injury:	02/24/2012
Decision Date:	05/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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: Oregon, California

Certification(s)/Specialty: Neurological Surgery

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 52-year-old male who reported an injury on 02/24/2012. The mechanism of injury involved a traffic accident. The current diagnoses include cervical discopathy, lumbar discopathy, and left cubital tunnel syndrome/medial epicondylitis. The injured worker presented on 11/12/2014 for an evaluation with complaints of chronic neck pain with associated headaches. The injured worker reported radiating symptoms into the bilateral upper extremities with weakness. Upon examination of the cervical spine, there was palpable paravertebral muscle tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, limited range of motion, intact coordination and balance, tingling and numbness in the lateral forearm and hand, and 3+/5 motor weakness. X-rays of the cervical spine revealed spondylosis with instability at C6-7 and to a lesser extent at C5-6. Recommendations included a C5-7 anterior cervical discectomy and fusion. The Request for Authorization form was then submitted on 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-7 anterior cervical discectomy and rigid fusion w/ re-alignment of junctional kyphotic deformity back to lordosis and possible reduction of listhesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines recommend anterior cervical fusion for spondylotic radiculopathy when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. In this case, the injured worker presents with continued cervical pain with noted sensation and motor deficits in the C6-7 dermatomal distribution. The provider indicated that there was a progression of symptoms since a previous examination in June. Given the injured worker's instability upon x-ray, failure of conservative treatment and noted radicular examination findings, a C5-7 cervical discectomy with fusion may be considered. However, there is insufficient evidence of a kyphotic deformity to support the necessity of correction. The injured worker was previously issued authorization for a C5-7 anterior cervical discectomy with rigid fusion. Given the above, the current request is not medically necessary.

Associated surgical service: three day inpatient hospital 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) Treatment in Workers Compensation (TWC); Upper Back & Neck Procedure, Hospital Length of Stay.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Associated surgical service: Cervical collar purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Associated surgical service: Minerva mini collar #1 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Treatment in Workers Compensation (TWC); Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Pre-op medical clearance: 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) Treatment in Workers Compensation (TWC); Preoperative Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.