MAXIMUS Federal Services

Case Number:	CM15-0016507		
Date Assigned:	02/03/2015	Date of Injury:	09/30/2013
Decision Date:	04/17/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas
Certification(s)/Specialty: Orthopedic 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 female who reported an injury on 09/30/2013, due to an unspecified mechanism of injury. On 10/07/2014, she underwent electrodiagnostic studies, which showed no evidence of cervical radiculopathy, ulnar nerve entrapment or brachial plexopathy. An MRI of the cervical spine, dated 01/20/2014, showed a broad based central disc protrusion, at the C4-5, with an annular tear along the caudal margin and mild central spinal canal stenosis with no significant neural foraminal narrowing, and bilateral facet arthropathy; and a broad based central disc herniation, at the C5-6, with mild central spinal canal stenosis and bilateral neural foraminal narrowing due to disc osteophyte complex and prominent ridging osteophytes with mild facet arthropathy. She presented for a follow-up evaluation, on 01/28/2015, with no improvement in her symptoms. A physical examination of the cervical spine showed tenderness to palpation over the paraspinal musculature. Flexion was noted to be 50/50 degrees and extension was 60/60 degrees; rotation to the left was 80/80 degrees and rotation to the right was 80/80 degrees. Right and left lateral bend was 45 degrees. There was no tenderness to palpation over the spinous process, and Hoffmann's and Romberg's signs were negative. Strength was a 5/5 in the upper extremities, and there was diminished sensation in a C6 dermatome. She was diagnosed with cervical radiculopathy. The treatment plan was for an anterior cervical discectomy and fusion of the C4-5 and C5-6. The rationale for treatment was to alleviate the injured worker's symptoms.

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 at C4-C5 and C5-C6: 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, Indications for surgery, Discectomy/laminectomy.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend surgical consultations when there is persistent, severe and disability shoulder or arm symptoms; activity limitations for more than 1 month or with extreme progression of symptoms; clear clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair; and unresolved radicular symptoms after receiving conservative treatment. The documentation provided for review does show that the injured worker has decreased sensation in a C6 dermatome, which is consistent with her MRI finding of a disc bulge at the C5-6 with bilateral neural foraminal narrowing. However, there is a lack of documentation showing that the injured worker has signs and symptoms of radiculopathy at the C4-5 level to support the request. Also, the injured worker's electrodiagnostic study results showed no evidence of radiculopathy in the cervical spine. Furthermore, there is a lack of documentation showing that the injured worker has tried and failed all recommended conservative care options to support the request. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.