

Case Number:	CM15-0020880		
Date Assigned:	02/10/2015	Date of Injury:	06/24/2000
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/04/2015

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 67-year-old female who reported an injury on 05/24/2000 after a backwards fall. The injured worker reportedly sustained an injury to her cervical spine. The injured worker's treatment history included physical therapy, chiropractic care, medications, and epidural steroid injections. The injured worker underwent a cervical spine MRI on 09/02/2014. It was documented that the injured worker had a disc protrusion at the T1-2; a moderate disc bulge with central canal stenosis at the C6-7; and disc degeneration with mild central canal stenosis of the C4-5 and C5-6. The injured worker was evaluated on 01/15/2015. It was documented that the injured worker complained of neck pain radiating into the left upper extremity. Physical examination findings included restricted range of motion of the cervical spine, with decreased grip strength of the left hand versus the right hand; and decreased sensation in the C7 and C8 dermatomal distribution. It was noted that the injured worker had C6-7 degenerative spondylosis with spinal stenosis and left C7 and C8 radiculitis with possible myelopathy. The injured worker's treatment plan included C6-7 decompression, fusion, and instrumentation. A Request for Authorization form was submitted on 01/19/2015 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression fusion and instrumentation for C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180 and 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183.

Decision rationale: The requested decompression, fusion, and instrumentation for C6-7 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for patients with instability. The clinical documentation submitted for review does not provide any evidence of instability upon the imaging study. Additionally, the clinical documentation indicates that the injured worker's physical presentation is consistent with C7, C8 radiculopathy. This is inconsistent with pathology identified on the imaging study. Furthermore, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to fusion surgery. The clinical documentation submitted for review does not provide any evidence of a psychological evaluation prior to surgical intervention. As such, the requested decompression, fusion, and instrumentation for C6-7 is not medically necessary.