

Case Number:	CM15-0026856		
Date Assigned:	02/19/2015	Date of Injury:	01/25/2007
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/12/2015

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: New York, New Hampshire, Washington
 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 35 year old female, who sustained an industrial injury on 1/25/2007. The diagnoses have included cervical radiculopathy, herniated nucleus pulposus and anxiety. Treatment to date has included medications, intramuscular injections, hot and ice packs, physical therapy and TENS unit. magnetic resonance imaging (MRI) of the cervical spine dated 10/20/2014 showed degenerative changes in the cervical spine, a 1mm central protrusion with associated annular fissuring at the C4-5 level, a 1-2 mm central protrusion at the C5 level and a 1mm broad central protrusion at C6-7. Currently, the IW complains of continuous neck pain rated as 7/10 and described as stabbing, radiating, throbbing and burning. The pain radiates to the head and shoulders. She also reports continuous bilateral shoulder pain rated as 6/10 and is described as radiating, throbbing, tingling, burning and numbing. The pain radiates to the fingers. Objective findings included tenderness to the paracervical muscles, straightening of the normal lordotic curvature and trigger point myospasm. There is decreased range of motion of the cervical spine. Compression test, distraction test, Bakody maneuver, Spurling's and Sharp-Purser test are positive bilaterally. On 1/23/2015 Utilization Review non-certified a request for anterior cervical discectomy and fusion (ACDF) surgery noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ACOEM Guidelines were cited. On 2/12/2015, the injured worker submitted an application for IMR for review of ACDF surgery.

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; levels unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 15 Stress Related Conditions Page(s): 186.

Decision rationale: MTUS criteria for acdf surgery not met. There is no clear correlation between MRI imaging studies and physical exam showing specific radiculopathy and nerve root compression. There is no documented instability, fracture, or tumor. ACDF surgery is not medically needed.