

Case Number:	CM15-0027677		
Date Assigned:	02/20/2015	Date of Injury:	05/18/2005
Decision Date:	04/21/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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: Pediatrics, 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 38-year-old male who reported an injury on 05/18/2005. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with cervical disc injection, right anterior shoulder pain, left lateral epicondylitis, chronic temporomandibular joint pain, status post C4-7 fusion; and probable pseudarthrosis at C6-7. The injured worker presented on 12/09/2014 for a re-evaluation with complaints of persistent neck pain and excruciating headaches. The injured worker was utilizing tizanidine, Prilosec, morphine, Norco, naproxen, Lyrica, and Effexor. Upon examination, there was moderately limited cervical range of motion. Recommendations at that time included surgical intervention. Flexion and extension x-rays of the cervical spine for evaluation of a fusion were also recommended. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of implants C4-C7, exploration of fusion, ACDF C6-7 with instrumentation ICBG with 1 day inpatient stay: 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 Page(s): 179-180.

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 spondylosis 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, there was no documentation of a significant functional limitation. The injured worker is noted to be status post 3 level anterior cervical discectomy and fusion. Recent x-rays indicating cervical spinal instability were not provided. There is no documentation of a hardware failure. Given the above, the request is not medically appropriate.