

Case Number:	CM15-0032502		
Date Assigned:	02/26/2015	Date of Injury:	08/28/2014
Decision Date:	05/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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 56-year-old female who reported an injury on 08/28/2014. The mechanism of injury involved repetitive lifting. The current diagnoses include discogenic neck pain and central disc annular tear with severe foraminal stenosis. The injured worker presented on 01/12/2015 for a follow-up evaluation with regard to chronic neck pain. The injured worker also reported radiating pain into the bilateral upper extremities with associated numbness, tingling and weakness. The injured worker was utilizing Fluoxetine, Motrin, Methocarbamol, and Nabumetone. Upon examination of the cervical spine, there was tenderness to palpation, 80% to 90% of normal range of motion, negative Spurling's maneuver, normal motor strength, intact sensation, and 2+ deep tendon reflexes. Treatment recommendations included an anterior cervical discectomy and fusion at C5-6 and C6-7. 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:

C5-C6, C6-C7 anterior cervical fusion and discectomy, C5-C6, C6-C7 anterior fusion, C5-C6, C6-C7 anterior instrumentation with structural allograft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

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 electro-physiologic 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, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. The injured worker presented with 80% to 90% of normal range of motion with normal motor strength, intact sensation and normal deep tendon reflexes. There was no evidence of a significant functional deficit. There was no evidence of spinal instability upon flexion and extension view radiographs. Given the above, the request is not medically appropriate at this time.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DME: Aspen collar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.