

Case Number:	CM15-0033252		
Date Assigned:	02/26/2015	Date of Injury:	08/10/2014
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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 52-year-old female who reported an injury on 08/10/2014. The mechanism of injury was not specifically stated. The current diagnoses include cervical herniated nucleus pulposus, neck pain, cervical stenosis, and cervical degenerative disc disease. The injured worker presented on 02/23/2015 for a follow-up evaluation regarding pain in the cervical spine region. The injured worker also reported radiating pain into the bilateral upper extremities, causing a numbing sensation. The current medication regimen includes Norco, tramadol HCl, Mobic, Robaxin, Lorazepam, Duloxetine, Losartan Potassium, and Levothyroxine. It was also noted that the injured worker had been treated with physical therapy and cervical epidural steroid injections. Upon examination, there was limited cervical range of motion, radiation to the proximal portion of the shoulder and upper arm, and subjective paresthesias in the C5 distribution on the right. Recommendations at that time included a C5-6 and C6-7 fusion versus disc replacement. 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:

C5-6 and C6-7 Cervical Disk Replacement: 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), Treatment Index, 11 Edition, 2014, Neck & Upper Back, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Disc Prosthesis.

Decision rationale: The Official Disability Guidelines state disc prosthesis is currently under study. While comparative studies with anterior cervical fusion yield similar results, the expectation of a decrease in adjacent segment disease development in long-term studies remains in question. In this case, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. There is a lack of documentation regarding significant neurological deficits such as a decrease in sensory or motor function in a specific dermatomal or myotomal distribution. Based on the clinical information received and the Official Disability Guidelines, the request is not medically appropriate at this time.

C5-6 and C6-7 Anterior Cervical Discectomy and Fusion: 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, Fusion, anterior cervical.

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 musculoskeletal or neurological deficit. There was a lack of documentation regarding significant neurological deficits such as a decrease in sensation or motor strength in a specific dermatomal or myotomal distribution. There was no evidence of spinal instability upon flexion and extension view x-rays. Given the above, the request is not medically appropriate at this time.