

Case Number:	CM15-0037037		
Date Assigned:	03/05/2015	Date of Injury:	06/06/2014
Decision Date:	05/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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 50-year-old male who reported an injury on 06/06/2014. The mechanism of injury involved repetitive activity. The current diagnosis is cervical radiculopathy due to disc disease at C5-6 and C6-7. The injured worker presented on 12/10/2014 for a surgical evaluation with complaints of persistent pain in the neck and low back rated 8/10. The injured worker also reported radiating symptoms into the bilateral upper extremities with associated numbness, tingling and weakness. The injured worker has been treated with 10 sessions of physical therapy and has completed an electromyography study on 03/28/2015. The injured worker also underwent a cervical ESI at the C7-T1 level on 01/14/2014. The injured worker was not utilizing any medication. Upon examination, there was restricted range of motion of the cervical spine, normal deep tendon reflexes, intact sensation, 4+/4 triceps strength, and 2+ deep tendon reflexes. Previous MRI of the cervical spine completed on 06/19/2014 reportedly revealed degenerative disc disease with a loss of cervical lordosis as well as a broad based disc herniation at C5-6 and a central herniation at C6-7 with spinal cord contact and nerve impingement. The provider recommended a C5-6 and C6-7 ACDF. The official imaging study of the cervical spine, dated 06/19/2014, was submitted for review and confirmed midline annular protrusion at C4 through C7 without disc herniation or cervical cord compression, moderate bilateral C5-7 neural foraminal stenosis related to facet and uncovertebral hypertrophy, and severe right neural foraminal stenosis at C6-7 related to degenerative changes. 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, C6/7 Anterior Cervical Discectomy & Fusion (ACDF) quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

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 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 is no documentation of a significant musculoskeletal or neurological deficit upon examination. There is no evidence of a significant functional limitation. There is no documentation of a focal neurologic loss. There was no documentation of spinal instability upon flexion and extension view radiographs. Given the above, the request is not medically necessary at this time.