

Case Number:	CM15-0039332		
Date Assigned:	03/10/2015	Date of Injury:	01/28/2008
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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 55-year-old male who reported an injury on 01/28/2008. The mechanism of injury involved repetitive activity. The current diagnoses include neck pain, cervical myelopathy, cervical stenosis, and low back pain. The injured worker presented on 01/27/2015 for an evaluation with complaints of persistent neck pain with associated radiating symptoms into the bilateral arms and hands. It is also noted that the injured worker has a history of bilateral carpal tunnel release, as well as ulnar release on the left side. The injured worker reported worsening symptoms in the 4th and 5th digit of the left hand. Additionally, the injured worker reported weakness in the bilateral hands and triggering of the fingers. The current medication regimen includes Flexeril, Folvite, Neurontin, Norco, Motrin, Lexapro, ferrous fumarate, and vitamin B12. Upon examination, there was 4/5 motor weakness in the bilateral upper extremities, positive trigger finger on the left, full range of motion of the bilateral upper extremities, diminished sensation to light touch in the 4th and 5th digit of the left hand compared to the right, and normal muscle tone. It was noted that the provider reviewed an MRI of the cervical spine performed in 2014. The recommendations at that time included an ACDF at C4-5. The provider advised the injured worker to quit smoking for surgical intervention and informed him that he would be required to wear a brace after the procedure. A Request for Authorization form was submitted on 01/30/2015. The official MRI of the cervical spine, dated 09/05/2014, was provided for this review, and revealed evidence of a 4 mm broad based disc protrusion at C4-5 causing a mass effect on the spinal cord, bilateral uncovertebral hypertrophy, endplate spurring, moderate to severe spinal canal stenosis, moderate to severe left neural foramina narrowing, mild to

moderate right neural foraminal narrowing with encroachment on the exiting left C5 nerve root, and unremarkable facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 Anterior Cervical Discectomy Fusion: Upheld

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

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 was no documentation of spinal instability upon flexion and extension view radiographs. There was no mention of an exhaustion of conservative management prior to the request for a surgical procedure. Although it is noted that the provider advised the injured worker to quit smoking, there should be documentation of an abstinence from tobacco for at least 6 weeks prior to the procedure. Given the above, the request is not medically appropriate at this time.

1 Day length of stay: 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.