

Case Number:	CM15-0041924		
Date Assigned:	03/12/2015	Date of Injury:	08/27/2014
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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 08/27/2014. The mechanism of injury involved a motor vehicle accident. The current diagnosis is cervical disc herniation with radiculopathy. The injured worker presented on 02/06/2015 for a surgical consultation regarding severe neck and right arm pain. The injured worker had been previously treated with medications, 12 sessions of physical therapy, and 1 cervical epidural steroid injection without a significant improvement of symptoms. The injured worker reported constant neck pain, stiffness, and radiating pain into the right forearm and hand, involving the radial wrist, thumb, and index finger. upon examination, there was normal cervical alignment, right paraspinal tenderness to the trapezius and posterior shoulder, decreased extension to 15 degrees, flexion to 15 degrees, left rotation to 70 degrees, right rotation to 55 degrees, a positive Spurling's maneuver, 5/5 motor strength, decreased sensation with dysesthesia and tingling in the right C6 dermatome, and diminished bicep and brachioradialis reflexes. Recommendations at that time included a C5-6 and C6-7 anterior cervical discectomy and fusion. A Request for Authorization form was then submitted on 02/12/2015. The official MRI of the cervical spine, dated 10/10/2014, was also submitted and revealed evidence of posterolateral extrusion of the C5-6 disc with uncovertebral spurring causing narrowing of the right C5 foramen and likely compressing on the exiting right C6 nerve root as well as slight narrowing of the left C5 foramen and mild central bulge at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Purchase of Vista 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.

C5-C6, C6-C7 Anterior Cervical Discectomy and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

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. The injured worker was issued prior authorization for a C5-6 fusion. However, the medical necessity for a fusion at the C6-7 level had not been established. There was no documentation of any exceptional factors to support the necessity for a C6-7 fusion in conjunction with a C5-6 anterior cervical discectomy and fusion. Given the above, the request is not medically necessary at this time.

Associated Surgical Service: Purchase of a Universal 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.