

Case Number:	CM15-0051554		
Date Assigned:	03/25/2015	Date of Injury:	06/10/2014
Decision Date:	06/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/18/2015

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: California
 Certification(s)/Specialty: Orthopedic 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 sustained an industrial injury on 06/10/2014. Current diagnoses include cervical spine sprain/strain with left upper extremity radiculopathy, tendinitis/impingement syndrome left shoulder, and status post ACDF at C5-C6. Previous treatments included medication management, physical therapy, acupuncture, psychological evaluation and treatment, and cervical surgery. Initial injuries included immediate pain in the neck, upper back, and left shoulder while pulling on a crane part. Report dated 02/16/2015 noted that the injured worker presented with complaints that included pain in the neck, left shoulder pain radiating to left upper extremity, and difficulty sleeping. Pain level was not included. Physical examination was positive for spasticity, decreased range of motion, decreased strength, and tenderness. The treatment plan included awaiting formal consultation; medication renewed, and prescribed Ambien. Disputed treatments include postoperative physical therapy 2 times per week for 8 weeks and anterior cervical discectomy and fusion at C3-C4 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion at C3-C4 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of correlating nerve root compromise from the exam of 2/16/15. The patient has radiating pain in C4 distribution from the exam notes of but there is lack of evidence of a C7 radiculopathy. Therefore, the patient does not meet accepted guidelines for the procedure in their entirety and the request is not medically necessary.

Post-Operative Physical Therapy: 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.