

Case Number:	CM15-0053118		
Date Assigned:	03/26/2015	Date of Injury:	07/26/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 07/26/2014. He reported that he heard a pop in his mid-back while pulling pallets of mail out of a trailer with a pallet jack that was followed by back pain. The injured worker was diagnosed as having neck pain and upper back pain. Treatment to date has included chiropractic care, physical therapy, MRI and medications. According to a progress report dated 02/13/2015, the injured worker was being seen for neck and bilateral arm pain. Pain was rated 7-8 on a scale of 1-10 and was noted to be severe. The provider noted that cervical epidural injection was denied. Diagnosis included cervical herniated disc. The provider noted that he did not believe at this point a cervical epidural injection would be efficacious. Plan of care included anterior cervical discectomy and fusion at the level of C5-6 and C6-7, cervical hard collar, cervical soft collar, cervical shower collar and a follow up. On 02/26/2015, Utilization Review certified 1 cervical epidural injection at C6-7 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

One ACDF at C5-C6 and C6-C7 levels: Upheld

Claims Administrator 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), Indications for Surgery Chapter.

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

Decision rationale: The MTUS ACOEM Guidelines state that patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term, and unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without clear instability has not been demonstrated. In the case of this worker, there was insufficient evidence from the notes available for review to show surgical intervention is warranted. There were no symptoms or signs suggestive of nerve impingement, regardless of the MRI findings, or instability. Therefore, the request for "One ACDF at C5-C6 and C6-C7 levels" is not medically necessary.

Three cervical collars (one hard, one soft and one shower): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The MTUS ACOEM Guidelines state that cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, 'preinjury' activities. In the case of this worker, although he was experiencing chronic neck pain, the use of multiple cervical collars is not likely to benefit him long-term, and therefore, the request is not medically necessary.