

Case Number:	CM14-0106727		
Date Assigned:	07/30/2014	Date of Injury:	03/07/2011
Decision Date:	11/07/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who reported an injury on 03/07/2011 after being struck by a large box of canned beer. The injured worker reportedly sustained an injury to her head, neck, and lumbar spine. The injured worker's treatment history included medications, physical therapy, and activity modifications. The injured worker underwent a psychiatric Qualified Medical Evaluation that recommended the injured worker undergo psychiatric treatment. The injured worker was evaluated on 04/08/2014. It was documented that the injured worker had also received cervical epidural steroid injections without significant pain relief. Physical findings included tenderness to palpation of the cervical spine with restricted range of motion secondary to pain. The injured worker had a positive foraminal compression test bilaterally and a positive shoulder depression test bilaterally. The injured worker had 5-/5 motor strength of the bilateral upper extremities. The injured worker's diagnoses included cervical disc syndrome, right shoulder rotator cuff syndrome, lumbar spondylosis, stress and anxiety, and lumbar facet syndrome. The injured worker's treatment plan included a neurosurgical spine consultation. A request was made for anterior cervical discectomy and fusion at the C5-6 and C6-7 with correction of the kyphotic deformity. However, no justification for the request was provided within the clinical documentation. A Request for Authorization form was submitted indicating a request for this surgical intervention; however, it was unsigned and undated.

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 C5-C6 and C6-C7 with correction of the kyphotic deformity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Pages 179-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-212.

Decision rationale: The requested anterior cervical discectomy and fusion at the C5-6 and C6-7 with correction of kyphotic deformity is not medically necessary. The American College of Occupational and Environmental Medicine recommend fusion surgery for injured workers who have significant instability supported by radicular symptoms that have failed to respond to conservative treatment. The clinical documentation submitted for review does not include an imaging study that supports the injured worker has significant instability that would require stabilization. Additionally, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to surgical intervention to the spine. The clinical documentation submitted for review does not provide any evidence of a psychological evaluation providing clearance for surgical intervention. As such, the requested anterior cervical discectomy and fusion at the C5-6 and C6-7 with correction of the kyphotic deformity is not medically necessary or appropriate.