MAXIMUS Federal Services

Case Number:	CM14-0138013		
Date Assigned:	09/05/2014	Date of Injury:	01/01/2008
Decision Date:	10/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 49 year old female whose date of injury is 01/01/08. The mechanism of injury is described as repetitive lifting, scanning and loading of 10 pound sacks of potatoes. The injured worker complains of neck pain. Per office note dated 07/03/14 she is not taking any oral pain medications due to GI side effects. She is using ice, heat and traction machine for pain relief. The injured worker's neck pain is noted to remain the same, moderate to severe depending on activity. The only medication listed is aspirin 81mg. she has had right C7 transforaminal epidural steroid injection done 01/13/10 and a trigger point injection. Examination of the cervical spine revealed no cervical lordosis, asymmetry or abnormal curvature; neck movements are painful with flexion beyond 40 degrees, extension beyond 50 degrees, right and left lateral bending beyond 40 degrees; Spurling's causes radicular symptoms. X-rays of the cervical spine dated 04/21/14 revealed mild to moderate multilevel disc degeneration with posterior osteophytes greater at C5-6; loss of lordosis suggesting paraspinal muscle spasm. No radiology report was submitted, but MRI dated 03/19/13 reportedly showed relatively stable right paramedian subligamentous contained C5-6, C6-7 and C7-T1 disc herniations; very slight effacement of the right ventral contour of the cervical spinal cord secondary to C5-6 disc herniation; stable right C5-6 and C7-T1 neural foraminal stenosis; interval development of broad-based posterior bulging of the C4-5 disc; stable subtle focal right paramedian subligamentous contained T3-4 disc herniation. EMG/NCV done 02/28/11 was reported as a normal study with no evidence of left upper extremity radiculopathy, plexopathy or mononeuropathy. The injured worker reportedly has failed conservative care and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior decompression and fusion C4, C5, C6, 7 and inter-spaces x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Fusion, anterior cervical

Decision rationale: Based on the clinical information provided, medical necessity is not established for the proposed anterior cervical decompression and fusion. The injured worker has multilevel degenerative changes of the cervical spine with normal electrodiagnostic studies. There is no documentation of recent conservative measures for the cervical spine. The injured worker is noted to have had prior cervical epidural steroid injections, but there is no indication of the response to these procedures. There is no evidence of profound weakness or myelopathy on examination. Given the current clinical data, the injured worker does not meet evidence-based criteria for anterior cervical decompression and fusion. As such, the request for Anterior decompression and fusion C4, C5, C6, 7 and inter-spaces x 2 is not recommended as medically necessary.