

Case Number:	CM14-0141705		
Date Assigned:	09/10/2014	Date of Injury:	02/22/2011
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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 Surgery 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 02/22/2011. The diagnoses included cervical stenosis. The mechanism of injury was the injured worker had cumulative trauma. The medications included Norco and Naprosyn. The documentation of 06/24/2014 revealed the injured worker had chronic axial cervical spine pain and cervical stenosis. The injured worker's condition was noted to have worsened. The request was made for an anterior cervical discectomy and fusion. The prior surgeries were noncontributory. There was a detailed Request for Authorization submitted for review.

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 Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have persistent,

severe, and disabling shoulder or arm symptoms; activity limitations; an 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 ACOEM Guidelines go on to state that the efficacy of cervical fusion for injured workers with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review indicated the injured worker's diagnosis was chronic axial cervical spine pain and the condition had worsened. There was a lack of documentation including an objective physical examination, and a failure of conservative care. There was a lack of documentation including an MRI and electrodiagnostic studies. The request as submitted failed to indicate the level to be operated on. Given the above, the request for anterior cervical discectomy and fusion surgery is not medically necessary.