

Case Number:	CM14-0154279		
Date Assigned:	09/23/2014	Date of Injury:	07/27/2000
Decision Date:	10/28/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 52-year-old female who reported an injury on 07/27/2000. The mechanism of injury was not stated. The current diagnoses include C6 radiculopathy and status post successful lumbar fusion. Previous conservative treatment is noted to include medication management, injections, and physical therapy. The injured worker was evaluated on 06/13/2014 with complaints of 6/10 neck pain radiating into the left upper extremity. Physical examination revealed tenderness to palpation over the paraspinal musculature, 50 degree flexion, 60 degree extension, 80 degree left and right rotation, normal motor strength in the bilateral upper extremities and diminished sensation over the left C6 dermatome. Treatment recommendations at that time included a C5-6 ACDF. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5 - C6 anterior cervical discectomy and fusion (ACDF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Fusion, anterior cervical

MAXIMUS 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) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state an anterior cervical fusion is recommended for spondylotic radiculopathy or nontraumatic instability. There should be documentation of symptoms that correlate with physical examination findings and imaging reports. There should also be evidence of persistent or progressive radicular pain or weakness secondary to nerve root compression or moderate to severe neck pain despite 8 weeks of conservative therapy. Diagnostic imaging should demonstrate cervical nerve root compression or instability by flexion and extension x-rays. As per the documentation submitted, there is evidence of an exhaustion of conservative treatment to include medications, injections, and physical therapy. However, there was no imaging studies provided for this review. There was no documentation of instability upon flexion and extension view radiographs. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary at this time.