

Case Number:	CM14-0179864		
Date Assigned:	11/04/2014	Date of Injury:	03/19/2013
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/29/2014

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 Spine Surgery and is licensed to practice in California. 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 55-year-old female who reported an injury on 03/19/2013. The injured worker reportedly struck her head on the back of a metal box. The current diagnosis is cervical spondylosis with nerve root and spinal cord compression. The injured worker presented on 09/25/2014 with complaints of persistent cervical spine pain. Previous conservative treatment included physical therapy, epidural steroid injection, medication management, chiropractic therapy, and acupuncture. The physical examination revealed 5/5 motor strength in the bilateral upper extremities with the exception of weakness in the biceps and triceps, intact sensation to pinprick, and 2+ deep tendon reflexes. The treatment recommendations at that time included a C5-6 and C6-7 anterior cervical interbody instrumented fusion. A Request for Authorization form was then submitted on 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior C5-6 fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

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 limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and unresolved radicular symptoms despite conservative treatment. The Official Disability Guidelines state anterior cervical fusion is recommended for spondylotic radiculopathy when there is evidence of significant symptoms that correlate with physical examination findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. As per the documentation submitted, there was no evidence of a significant functional limitation upon physical examination. There was no documentation of spinal instability upon flexion and extension view radiographs. There were no imaging reports submitted for review. Based on the clinical information received, the request is not medically appropriate at this time.

Anterior C6-7 fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

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 limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and unresolved radicular symptoms despite conservative treatment. The Official Disability Guidelines state anterior cervical fusion is recommended for spondylotic radiculopathy when there is evidence of significant symptoms that correlate with physical examination findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. As per the documentation submitted, there was no evidence of a significant functional limitation upon physical examination. There was no documentation of spinal instability upon flexion and extension view radiographs. There were no imaging reports submitted for review. Based on the clinical information received, the request is not medically appropriate at this time.