

Case Number:	CM14-0099304		
Date Assigned:	07/30/2014	Date of Injury:	01/31/2006
Decision Date:	09/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 61-year-old male who reported an injury on 01/31/2006 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his cervical spine. The injured worker's treatment history included physical therapy for the cervical spine and multiple medications. The injured worker underwent an MRI of the cervical spine on 04/10/2014. It was noted that the injured worker had multilevel disc herniations noted at C3-4, C4-5, C5-6, C6-7, and C7-T1. It was noted that the injured worker's disc bulges at the C5-6 and C6-7 were indenting on the thecal sac. The injured worker underwent an electrodiagnostic study on 04/29/2014. It was noted that the injured worker had mild acute C6 radiculopathy on the right and mild acute C7 radiculopathy on the left. The injured worker was evaluated on 05/14/2014. It was noted that the injured worker had significantly limited range of motion of the cervical spine secondary to pain. The injured worker had sensory deficits in the fingers of the left hand with decreased motor strength of the left biceps and triceps, and decreased grip strength on the left hand. It was noted that although there were multilevel disc bulges identified on the MRI, there was no evidence of neural compromise with the exception of the C6-7 and C5-6 levels. The injured worker's diagnoses included cervical spondylosis with greater involvement at the C5-6 and C6-7. A request was made for anterior cervical fusion and discectomy at the C5-6, C6-7, with iliac aspiration and bone graft and anterior plate and cages.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Fusion and discectomy at C5-6, C6-7 with iliac aspiration, bone graft and anterior plate and cages: 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) Cervical Spine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has persistent radicular complaints at the C5-6 and C6-7 with disc bulges that are indenting on the thecal sac at the requested levels. However, the American College of Occupational and Environmental Medicine does not support fusion surgery of the cervical spine in the absence of documented instability. The clinical documentation submitted for review does not provide any evidence of significant instability to support the need for this surgical intervention. Additionally, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to referral for surgery. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a psychological evaluation to determine the appropriateness of a fusion in the injured worker's treatment planning. As such, the requested anterior cervical fusion and discectomy at the C5-6, C6-7 with iliac aspiration, bone graft, and anterior plate and cages is not medically necessary or appropriate.