

Case Number:	CM13-0026132		
Date Assigned:	01/15/2014	Date of Injury:	06/09/2010
Decision Date:	03/05/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old male with a work injury dated 03/22/2004 - June 8, 2010. The injury is described as continuous trauma while he was working his regular and customary duties at his job. The injured worker (IW) complained of numbness in his right hand and tingling in his fingers. Diagnoses were rule out cervical disc protrusion; rule out radiculitis versus radiculopathy/ muscle spasm, cervical; musculo-ligamentous injury cervical spine. Prior treatment included chiropractic treatment, physiotherapy, kinetic activities, cervical MRI and EMG/NCV. He was referred to an orthopedist and also had a functional capacity evaluation and sleep studies. Psychological evaluation was also performed and he was diagnosed with major depressive disorder, mild; generalized anxiety disorder; insomnia due to depression anxiety and pain. On 08/01/2013 the IW was complaining of constant severe sharp neck pain and stiffness radiating to bilateral trapezial muscles. He also complained of low back pain. The IW noted constant severe achy right shoulder pain and stiffness radiating to arm and hand with numbness, tingling and weakness. Physical exam of the cervical spine revealed cervical ranges of motion were decreased and painful. Flexion was 30/50, extension 35/60, left later bending 30/45, right lateral bending 30/45, left rotation 55/80 and right rotation 55/80. There were 3 + tenderness to palpation of the lumbar paravertebral muscles and bilateral trapezii. Diagnoses were: - Cervical radiculopathy - Cervical disc protrusion - Cervical stenosis - Right shoulder impingement syndrome - Sleep disturbance, psych component. According to progress notes the IW was waiting for authorization for cervical discectomy and fusion. The initial RFA for this request is dated 04/11/2013. The submitted records do not contain an evaluation from the

requesting physician. There is documentation of MRI done close to the time of the injury but no recent cervical MRI is submitted. On 08/09/2013 utilization review issued a decision stating the records indicate neck pain at 8-10/10. "The information supplied does not contain a detailed physical exam or imaging studies or EDS. The patient was also recently evaluated for the right shoulder arthroscopy. The criteria are not met because of insufficient information to make a decision." Guidelines cited were CA MTUS 2009, Neck and Upper Back Complaints; ACOEM Occupational Medicine Practice Guidelines, second edition, 2004 pages 181-183. The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C7 ANTERIOR CERVICAL DISCECTOMY AND FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page 186.

Decision rationale: Criteria for cervical decompression and fusion not met. There is no clear correlation between MRI imaging studies and physical exam showing radiculopathy or myelopathy. There is no documented instability, fracture, or tumor. Cervical decompression and fusion not medically needed.