

Case Number:	CM14-0148366		
Date Assigned:	09/18/2014	Date of Injury:	03/07/2014
Decision Date:	03/13/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/12/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 29-year-old male who reported an injury on 03/07/2014. The mechanism of injury was not stated. The current diagnoses include lumbosacral strain, cervical strain, and degenerative disc disease at C5-6 with radicular symptoms. The injured worker presented on 07/02/2014 with complaints of ongoing cervical pain and numbness with radiation and numbness in the right upper extremity. Prior conservative treatment includes physical therapy and medication management. The injured worker is currently utilizing Flexeril, ibuprofen, and medical marijuana for pain control. The injured worker reported 7/10 pain. Previous conservative treatment also includes chiropractic therapy and massage therapy. Upon examination, there was tenderness to palpation, 40 degrees flexion, 30 degrees extension, and 25 degrees right and left rotation. Recommendations included an anterior cervical fusion at C5-6. A Request for Authorization form was then submitted on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Anterior cervical fusion at C5-C6 inpatient procedure to be done at [REDACTED]
[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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: 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 recommend anterior cervical fusion for spondylotic radiculopathy when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness, and at least 8 weeks of conservative therapy. There was no documentation of spinal instability upon flexion and extension view radiographs. There were no imaging reports submitted for this review. Given the above, the medical necessity has not been established in this case. As such, the request is not medically appropriate.