

Case Number:	CM14-0211721		
Date Assigned:	12/24/2014	Date of Injury:	09/04/2013
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/17/2014

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: Texas
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:

The injured worker is a 63-year-old female who reported a work related injury on 09/04/2013. The mechanism of injury was not provided for review. Her diagnoses were noted to include displacement of cervical intervertebral disc without myelopathy, cervicalgia, neck pain, and sprain of neck. Diagnostic studies were not provided for review. Per the most recent clinical note provided for review dated 12/22/2014, it was noted that despite Norco and gabapentin, significant pain remains in her neck and upper extremity, but most recently she has also started having left wrist pain. Significant pain remains in her neck associated with headaches and upper extremity symptoms to the point that she is limited in her activities of daily living including her overnight sleep. The injured worker has not responded well to multiple courses of therapy, Norco and gabapentin. Her level of pain has remained severe even though without the regimen the injured worker was not able to tolerate her severe pain. Cervical epidural steroid injections were denied for the injured worker as well as her medications, and most recently a cervical spine fusion. Upon physical examination, the injured worker had spasm and tenderness of the cervical spine with limited range of motion. Her current medications were noted to include Norco and Neurontin. The treatment plan was for an anterior cervical discectomy and fusion with instrumentation, C4-5 and C5-6. The rationale for the request was the injured worker has not responded well to multiple interventions in the past. A Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion with instrumentation, C4-5 and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014, 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, Fusion, anterior cervical.

Decision rationale: The request for an anterior cervical discectomy and fusion with instrumentation at C4-5 and C5-6 is not medically necessary. The California MTUS/ACOEM Guidelines state, referral for a surgical consultation is indicated for patients who have persistent pain, severe, and disabling shoulder or arm symptoms; activity limitation more than 1 month, or with a chain progression of symptoms; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same region that had been shown to benefit from surgical repair in both short and long term; unresolved radicular symptoms after receiving conservative treatment. More specifically, the Official Disability Guidelines state fusion/anterior cervical surgery is recommended as an option in combination with anterior cervical discectomy for approved indications although current evidence is conflicting about the benefit of fusion in general. Evidence is also conflicting as to whether allograft is preferred and/or what specific benefits are provided with fixation devices. Many patients have been found to have excellent outcomes while undergoing simple discectomy alone for 1 to 2 level procedures and have also been found to go on to develop spontaneous fusion after an anterior discectomy. In the documentation provided for review, there was no evidence of recent, reasonable, and/or comprehensive nonoperative treatment protocol trial and failure such as therapy, home exercise program, or injections. Therefore, the request is not medically necessary.

Inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014, Neck and upper back chapter, Fusion, anterior cervical

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back, Hospital length of stay (LOS).

Decision rationale: The request for inpatient stay is not medically necessary. The Official Disability Guidelines state the hospital length of stay for anterior cervical fusion is 1 day. However, the surgical request was not medically necessary. Therefore, inpatient stay is not medically necessary.

