

Case Number:	CM14-0213640		
Date Assigned:	12/31/2014	Date of Injury:	01/25/2007
Decision Date:	03/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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 35-year-old female who reported an injury on 01/25/2007. She was attempting to transfer a nonambulatory 200 pound child. She injured her left shoulder, right shoulder, neck, and back with radiating symptoms to her chest. The clinical note dated 11/06/2014 noted the injured worker complains of ongoing cervical and upper extremity pain with numbness and weakness of the upper extremities. Medications included fentanyl 75 mcg, oxycodone 15 mg, Topamax 100 mg, Pristiq 100 mg, Ativan 1 mg, Vistaril, Flexeril 10 mg, and topical Lidoderm patches. Examination of the cervical spine revealed tenderness to palpation over the posterior cervical spine with decreased range of motion in all directions to 50% of normal. There is 2+ paravertebral muscle spasm noted. An MRI of the cervical spine performed on 10/20/2014 revealed straitening of the cervical lordosis with a 3 mm central disc protrusion noted at the C6-7 level. The diagnoses were cervical disc herniation at C6-7 with cervical radiculopathy. The provider noted that the injured worker has failed to respond to conservative therapy and is relying on multiple opiate medications for pain control. The provider recommended an anterior cervical discectomy with instrumentation and fusion at the C6-7 level. The Request for Authorization form was not included in the medical documents 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 with instrumentation and fusion, C6-C7 level, per 11/06/14 exam note Qty: 1.00.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The request for anterior cervical discectomy with instrumentation and fusion, C6-C7 level, per 11/06/14 exam note Qty: 1.00 is not medically necessary. The California MTUS/ACOEM Guidelines state that the efficacy of cervical fusion for injured workers with chronic cervical pain without instability has not been demonstrated. If surgery is under consideration, counseling, and discussion regarding likely outcomes, risks and benefits and especially expectations is essential. Injured workers with acute neck and upper back pain alone without findings of serious conditions or significant nerve root compromise rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, the referring physician may refer the patient to a PMNR specialist to help resolve symptoms. There is no scientific evidence of long term effectiveness of any form of surgical decompression or fusion compared to history, placebo, or conservative treatment. Based on previous courses of conservative treatment and the efficacy of those treatments. There is no information on instability noted on physical examination, no evidence of activity limitation, or objective signs of neural compromise noted. As such, medical necessity has not been established.