

Case Number:	CM14-0214340		
Date Assigned:	01/07/2015	Date of Injury:	09/21/1999
Decision Date:	02/23/2015	UR Denial Date:	12/11/2014
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 62-year-old man with a date of injury of September 21, 1999. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post-cervical fusion with cervical pseudoarthrosis; neck pain; and tobacco use. The IW is status post four level cervical fusion on October 9, 2013. Pursuant to the progress note dated December 3, 2014, the reports a reduction in neck pain since fusion, but still has significant pain and feels like it is getting worse. The IW used a bone growth stimulator post surgery for several months. He denies upper extremity symptoms. Examination of the cervical spine reveals tenderness to palpation over the C6-C7 spinous processes. There is slight tenderness at C5-C6, and mild tenderness in the upper paraspinal muscles. Motor strength is 5/5 in the upper extremities. CT scan and x-rays of the cervical spine showed a clear pseudoarthrosis at C6-C7, and questionable at C3-C4. The treating physician states he thinks the IW might benefit from a revision. He is going to refer his to UCSF for consideration and possible revision surgery to try to give the IW additional relief. The current request is for one (1) cervical consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical consult: 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 Neck and Upper Back Acute and Chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Neck Section, Cervical Fusion

Decision rationale: Pursuant to the ACOEM, a consultation with a cervical spine specialist is not medically necessary. Consultations are appropriate whereby consultants eight in the diagnosis, prognosis and treatment of patients. The California medical treatment utilization schedule recommends referral for surgical consultation for patients with severe, persistent and disabling shoulder or arm symptoms, limited activity for more than one month for extreme progression of symptoms, clear clinical, imaging and electrophysiological evidence consistent showing the same lesion that may benefit from surgery in both the short and long-term, and continued radicular symptoms despite conservative treatment. Guideline criteria include cervical nerve compression with supported diagnostic imaging with resultant severe pain or profound weakness. In this case, the injured workers working diagnoses are status post-cervical fusion with cervical pseudoarthrosis; neck pain; and tobacco use. He denies upper extremity symptoms. Examination of the cervical spine reveals tenderness to palpation over the C6-C7 spinous processes. There is slight tenderness at C5-C6, and mild tenderness in the upper paraspinal muscles. Motor strength is 5/5 in the upper extremities. CT scan and x-rays of the cervical spine showed a clear pseudoarthrosis at C6-C7, and questionable at C3-C4. Review of the documentation not show progressive neurologic symptoms or weakness on the most recent physical examination dated December 3, 2014. This is compared to an October 8, 2014 progress note where the clinical findings were the same. Additionally, documentation did not reveal significant functional limitations that caused instability or significantly decreased his ability to perform activities of daily living. Consequently, absent clinical documentation with progressive neurologic deficits to support a cervical spine consultation with deterioration in symptoms, consultation with a cervical spine specialist is not medically necessary.