

Case Number:	CM14-0216760		
Date Assigned:	12/31/2014	Date of Injury:	06/24/2012
Decision Date:	03/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/26/2014

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 52-year-old female who reported injury on 06/24/2012. The documentation of 01/28/2014 revealed the injured worker had an abnormal EMG/nerve conduction study of the bilateral upper limbs consistent with bilateral C6 nerve root impingement, chronic, mild on the right and moderate on the left. Additionally, the EMG suggested that there was pressure on the thecal sac or cord at C6 level and correlation with an MRI was suggested. The injured worker underwent a bilateral C5-6 transforaminal epidural steroid injection on 01/31/2014. The mechanism of injury was the injured worker was carrying heavy boxes to her truck and looked down to step off the curb and felt a pop in her neck. The injured worker suddenly lost balance and stepped wrong off the curb twisting her left knee and low back. The injured worker had a history of right carpal tunnel surgery and right shoulder surgery. The injured worker underwent electrodiagnostic studies of the upper extremities on 10/22/2014 which revealed chronic bilateral C5 radiculopathy. The injured worker underwent 4 view cervical spine x-rays which revealed a loss of disc height at C5-6 and C6-7 as well as foraminal narrowing at C5-6. The prior denials noted that the injured worker had undergone a physical examination related to the cervical spine on 11/06/2014. However, the documentation from that date of service was not provided for review. There was no Request for Authorization submitted for review. The physical examinations that were submitted were related to the knee.

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 C5-C6, possible C6-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review indicated the injured worker had findings of radiculopathy at C5. However, there was a lack of documentation of radiculopathy at C6 and C7. There was a lack of physician documentation related to the cervical spine with objective findings. There was a lack of documentation of a failure of conservative care. Given the above and the lack of documentation, the request for anterior cervical discectomy and fusion C5-C6, possible C6-C7 is not medically necessary.

Inpatient LOS (days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.