

Case Number:	CM14-0218380		
Date Assigned:	01/08/2015	Date of Injury:	11/14/2013
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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 55-year-old male who reported an injury on 11/13/2013. The mechanism of injury involved heavy lifting. The current diagnosis is cervical spondylosis with central and foraminal stenosis causing left upper extremity radiculopathy in the C6 distribution. The injured worker presented on 09/29/2014 with ongoing neck and right upper extremity pain with numbness and weakness in the right arm and hand. Upon examination there was numbness in the right thumb and weakness of the right biceps. The injured worker has been previously treated with physical therapy and medication management. Recommendations at that time included a C5-6 and C6-7 anterior cervical discectomy and fusion. There was no Request for Authorization form submitted for review. It is noted that the injured worker underwent an MRI of the cervical spine on 12/17/2013, which revealed annular disc osteophyte complex at C6-7 with severe right and moderate to severe left foraminal stenosis, as well as moderate left foraminal stenosis with mild narrowing of the central canal at C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5/7 Anterior Cervical Fusion with a 23 hour stay: Upheld

Claims Administrator 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 and Upper Back, Cervical Collar, Post-Operative (Fusion); Fusion, anterior cervical cervical; Hospital length of stay (LOS)

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 spondylitic radiculopathy when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression and at least 8 weeks of conservative therapy. There was no documentation of spinal instability upon flexion and extension view x-rays. There was also no documentation of a significant functional limitation. Given the above, the request is not medically appropriate at this time.