

Case Number:	CM14-0218708		
Date Assigned:	01/08/2015	Date of Injury:	02/24/2004
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
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: 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 51 year old male who suffered a twisting injury while lifting a heavy gear on 02/24/2004. Per the physician notes from 12/05/14 he continues to complain of neck pain that radiates to the left upper extremity. Diagnoses include C3-4 anterior cervical fusion nonunion and C3 to 6 spondylosis and stenosis and what appears to be a solid fusion at C5-6, with asymptomatic stenosis at C6-7. Prior conservative treatment includes medication management and physical therapy. The physical examination revealed cervical range of motion of 30 degrees for flexion and extension and 45 degrees to both sides, with decreased sensation in the left hand in all five fingers. The recommended treatment is a C3 to C6 posterior spinal fusion and laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One C3-C6 posterior spinal fusion and laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

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: The 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 spondylosis radiculopathy when there was 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. According to the documentation provided, the injured worker has been previously treated with physical therapy and medication management. However, there was no documentation of spinal instability upon flexion and extension view x-rays. It is also noted that the injured worker is a current smoker. Surgery is contraindicated with active smoking. Given the above, the request is not medically appropriate at this time.