

Case Number:	CM15-0014783		
Date Assigned:	02/02/2015	Date of Injury:	04/11/2014
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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 45-year-old male who reported an injury on 04/11/2014. The mechanism of injury involved a fall. The current diagnoses include cervical stenosis/myeloradiculopathy. The injured worker presented on 12/05/2014 with complaints of persistent low back pain. Previous conservative treatment included physical therapy. The injured worker presented with complaints of pain across the low back with intermittent radiation into the bilateral lower extremities. The injured worker has also been treated with 2 cervical epidural injections and 1 lumbar epidural injection. Upon examination, there was a nonantalgic gait with a straight and upright posture. There was treatment plan in the cervical region of the C7 level with increased pain with range of motion. There was a positive Spurling's maneuver, numbness to pinwheel prick bilaterally with the middle and index fingers, and no evidence of focal motor deficits. Cervical x-rays obtained in the office revealed evidence of degenerative changes at C7-T1. There was no major instability or spondylolisthesis noted. Recommendations at that time included an anterior discectomy and fusion at C5-6 and C7-T1. A Request for Authorization form was then submitted on 01/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6, C7-T1 Anterior Cervical Discectomy, Fusion with Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-180. Decision based on Non-MTUS Citation Official Disability Guidelines - Cervical Discectomy

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 spondylotic 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. Although it is noted that the injured worker has persistent cervical pain, there was no documentation of a significant functional deficit upon examination. The cervical x-rays obtained in the office on the requesting date failed to provide evidence of major instability or spondylolisthesis. Given the above, the request is not medically appropriate.

"Associated Surgical Service" Spinal Cord Monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.