

Case Number:	CM15-0068898		
Date Assigned:	04/16/2015	Date of Injury:	05/29/2008
Decision Date:	05/18/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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

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 50-year-old female injured worker suffered an industrial injury on 05/29/2008. The diagnoses included cervical radiculopathy with radiculitis, cervicgia, bilateral shoulder internal derangement, right thumb triggering and bilateral carpal tunnel syndrome. The injured worker had been treated with multiple injections and medications. On 2/9/2015, the treating provider reported constant pain in the cervical spine with radiations to the shoulders and down the extremities with associated numbness and tingling. There were also headaches that were migrainous in nature. The pain was rated as 8/10. The cervical spine had muscle tenderness with spasms. The treatment plan included Cervical Discectomy, Fusion, and pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C6 Anterior Cervical Discectomy and Fusion: 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 (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case, the exam notes from 2/9/15 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore, the request is not medically necessary.

Pre-Operative Urinalysis (UA), Complete Blood Count (CBC), Prothrombin Time (PT)/Partial Thromboplastin Time (PTT), Electrocardiography (EKG), Chest X-Ray, and a Clearance from Internal Medicine Doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative Testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.