

Case Number:	CM15-0095631		
Date Assigned:	05/22/2015	Date of Injury:	11/07/2013
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: Illinois, California, 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 43-year-old male who sustained an industrial injury on 11/7/13. Injury occurred when he was pulling and cinching tie down straps, when he experienced pain in his right arm. The 1/21/15 cervical spine MRI impression documented multifactorial degenerative changes and listhesis at C5/6 resulting in moderate to severe spinal canal stenosis with cord compression. The residual canal caliber measures 4 to 5 mm. There was moderate to severe central canal stenosis affecting the exiting C6 nerve roots. There was additional ventral cord effacement without canal stenosis at the C3/4 and C4/5 levels with no focal cord signal abnormality. There was mild to moderate left C4/5, moderate bilateral C4/5 and C6/7, and mild dot moderate left C7/T1 neuroforaminal stenosis. Conservative treatment included home exercise program, medications, and activity modification. The 2/16/15 agreed medical examiner report cited persistent neck pain with radicular. The injured worker was deemed a candidate for two- level cervical discectomy and fusion. The 4/14/15 treating physician report cited persistent neck pain and AME recommendation for surgery. There was cervical spine tenderness and decreased range of motion. The diagnosis was cervical disc disease with stenosis. The treatment plan recommended the patient return to the spinal surgeon to discuss surgical options. The 5/4/15 utilization review non-certified the request for return consultation with MD to discuss spinal surgery options. This was reportedly due to there being no indication that the injured worker had participated in previous conservative treatment, including physical therapy and medications in order to proceed with surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Return consultation with doctor to discuss spinal surgery options: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, with activity limitation for more than one month or with extreme progression of symptoms, and unresolved radicular symptoms after receiving conservative treatment. Guidelines typically require clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short-and long-term. Guideline criteria have been met. This injured worker presents with persistent neck pain and radiculitis. There is imaging evidence of severe central canal stenosis affecting the exiting C6 nerve roots with cord compression at C5/6. The AME has recommended surgical intervention. Referral to a spine surgeon to discuss options is reasonable. Therefore, this request is medically necessary.