

Case Number:	CM14-0149462		
Date Assigned:	09/18/2014	Date of Injury:	11/29/2012
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old who reported an injury on November 29, 2012. The injured worker reportedly felt a pop in the scapular region while performing pull ups. The current diagnoses include cervical disc protrusion at C5-6 and right upper extremity radiculopathy. Previous conservative treatment is noted to include physical therapy, cervical epidural steroid injections and medication management. The injured worker was evaluated on 06/25/2014 with reports of increased cervical pain with intermittent radiation in the right upper extremity. Physical examination revealed decreased cervical range of motion, intact sensation, positive cervical compression testing and normal motor strength in the upper and lower extremities. X-rays of the cervical spine obtained in the office on that date revealed decreased disc height at C5-6 with narrowing of the neural foramen at C5-6 as well. Treatment recommendations at that time included a referral to spine surgeon and an EMG/NCV study of the right upper extremity. A Request for Authorization form was then submitted on August 14, 2014 for an anterior cervical discectomy and fusion at C5-6. It is noted that the injured worker underwent an MRI of the cervical spine on July 15, 2014, which indicated mild posterior disc osteophyte complex at C5-6 and mild neural foraminal narrowing bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion C5-C6 with plate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. 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: 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 an anterior cervical fusion for spondylotic radiculopathy if there is evidence of significant symptoms that correlate with physical examination findings and radiologist interpreted imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, clinically significant functional limitation or an exhaustion of 8 weeks of conservative therapy. As per the documentation submitted, the injured worker has exhausted conservative treatment in the form of physical therapy, medication management and epidural steroid injections. However, there is no documentation of significant symptoms upon physical examination to include weakness of the upper extremities or a significant functional limitation. There was also no documentation of spinal instability upon flexion and extension view radiographs. It is also noted that the injured worker has been able to return to work under full duty without restrictions. Based on the clinical information received, the medical necessity for the requested procedure has not been established. As such, the request for an anterior cervical discectomy and fusion C5-C6 with plate is not medically necessary or appropriate.

Pre-operative medical clearance: 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, Page 92-93

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.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services, Physician Fee Schedule Search

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.

Post operative Aspen cervical orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic)

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.