

Case Number:	CM13-0003266		
Date Assigned:	11/20/2013	Date of Injury:	10/07/2004
Decision Date:	01/14/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who have filed a claim for chronic neck pain reportedly associated with industrial injury of October 7, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior surgery and fixation of several fractured cervical vertebrae following fall in 2004; normal electrodiagnostic testing of the cervical spine and bilateral upper extremities of October 14, 2013; muscle relaxants; psychotropic medications; MRI imaging of cervical spine of April 5, 2013, notable for multilevel degenerative changes and osteophytic changes of uncertain clinical significance; and extensive periods of time off of work. In a utilization review report of July 18, 2013, the claims administrator denied a request for C3-C6 laminectomy and C2-T2 posterior instrumented fusion. The applicant's attorney subsequently appealed. In an appeal letter of September 16, 2013, the attending provider states that further conservative measures are unlikely to ameliorate the applicant's symptoms and that the applicant would be happy to obtain a repeat surgery to improve his neck function. X-ray of the cervical spine of July 8, 2013 is notable for cervical kyphosis and no change in fusion construct at C6-T1. A cervical MRI of April 5, 2013 is notable for multilevel degenerative changes, no new disk herniation, spinal cord compression, or neuroforaminal stenosis, and multilevel facet arthropathy of uncertain clinical significance. In a July 8, 2013 neurosurgery consultation, it is stated that the applicant's neck pain has been progressively worse over the past few years. It ranges from 1-2/10 to 10/10. The applicant has numbness and tingling about the hands. He is on Norco for pain relief. The applicant exhibits 5/5 upper and lower extremity strength and normal cranial nerve testing with a normal gait and normal reflexes. Cervical spine surgery is recommended

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C6 laminectomy, C2-T2 posteriorly instrumented fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 179-180.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical Disectomy/Laminectomy (excluding fractures).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS guidelines in Chapter 8, the efficacy of cervical fusions for patients with chronic neck pain without instability has not been demonstrated. It is further noted that the MTUS guidelines in chapter 8 do endorse anterior disectomy in individuals with central disk herniations or osteophytes. In this case, however, the applicant does not appear to have a clear surgical target. The prior fusion hardware appears to be in place, with no evidence of hardware complication, as suggested on recent plain film and MRI CT studies. It is further noted that the applicant does not appear to have any new disk herniation, protrusion, neuroforaminal stenosis or spinal stenosis which might be a clear surgical target here. As further noted by the MTUS-adopted guidelines in Chapter 8, Table 8-8, disectomy or fusion surgery is not recommended in the absence of "evidence of nerve root compromise." In this case, as noted previously, there is no evidence of nerve root compromise on recent 2013 MRI imaging of the cervical spine. Recent electrodiagnostic testing was also negative for any residual cervical radiculopathy which might account for the applicant's ongoing pain complaints. Therefore, the original utilization review decision is upheld.