

Case Number:	CM13-0008795		
Date Assigned:	10/11/2013	Date of Injury:	06/01/1996
Decision Date:	01/27/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

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 Orthopedic Surgery has a subspecialty in Spine Surgery and is licensed to practice in Montana, Tennessee and 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 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 patient is a 42-year-old male who reported an injury on 03/01/1996, mechanism of injury not stated. The patient was noted to have been diagnosed with cervical and lumbar discopathy. He was noted to have treated conservatively with physical therapy, injections to the cervical and lumbar spines and medications without relief. A cervical MRI, performed on 10/24/2012, read by [REDACTED], reported that the patient complained of right cervical radiculopathy in a C5-6 distribution with a positive Spurling's on examination, and the MRI was reported to be normal with no specific findings of evidence of canal stenosis and no evidence of neural foraminal narrowing. He did note that cervical spine radiographs showed evidence of a lateral osteophyte at C4-5 on the left, but foraminal narrowing could not be confirmed by the MRI. A CT of the lumbar spine, performed on 03/30/2013, noted findings of a central right paramidline posterolateral bulge protrusion of approximately 3 mm at C4-5 with calcification in the posterior disc centrally and right posterolateral spur at approximately 2 mm, which resulted in mild narrowing of the central canal and moderate narrowing of the right foramina with moderate right foraminal arthropathy. On 05/16/2013, the patient was evaluated by [REDACTED], who reported that the patient complained of constant pain in the cervical spine that radiated down the right upper extremity with tingling and numbness. He was noted to report that the pain was constant day and night, and he reported difficulty sleeping at night secondary to neck and arm pain. He was noted to have a positive axial loading compression test with extension of symptomatology in the upper extremities; generalized weakness and numbness was noted. There were some overlapping symptoms consistent with a possible double crush injury. There was C4-5 and C5-6 root-type pain in the upper extremities, right side greater than the left. X-rays were reported to have been performed on that d

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 anterior cervical microdiscectomy with implantation of hardware: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The patient is a 42-year-old male who reported an injury on 06/01/1996. He was reported to have complaints of ongoing neck pain with radiation of pain to the right upper extremity and is noted to have undergone imaging studies that showed a C4-5 central right paramidline posterolateral bulge/protrusion with calcification and posterolateral spurring on the right of approximately 2 mm that resulted in mild narrowing of the central canal and moderate narrowing of the right foramen. He was noted on physical examination to have findings of paravertebral muscle spasms, a positive axial loading compression test with extension of symptomatology into the upper extremities, generalized weakness and numbness. At C4-5 and C5-6, there was root-type pain in the upper extremities, right side greater than left. The California MTUS Guidelines recommend surgery for patients with persistent, severe disabling shoulder and arm symptoms that limit activities for more than 1 month or with extreme progression of symptoms when there is clear clinical imaging and electrophysiological evidence consistently indicating the same lesion as well as unresolved radicular symptoms after conservative care. The patient is noted to complain of persistent, severe and disabling symptoms, which limit his activities and to have failed to improve with all conservative treatment. There are clear clinical findings on physical examination with a positive Spurling's that corroborate with the findings on the imaging study. As such, the requested surgery meets guideline recommendations. Based on the above, the request for a C4-5 anterior cervical microdiscectomy with implantation of hardware is certified.