

Case Number:	CM13-0018067		
Date Assigned:	01/15/2014	Date of Injury:	05/14/2002
Decision Date:	03/19/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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 Spinal Surgeon and is licensed to practice in New York. 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 has chronic neck pain. She first noticed her symptoms in January of 2002 after sustaining a fall at work. The patient had electrodiagnostic studies of the upper extremities performed October 31, 2002 that revealed mild bilateral carpal tunnel syndrome with median nerve entrapment. There was no evidence of cervical radiculopathy. Additional EMGs were performed in 2004 which did not reveal any evidence of cervical radiculopathy. Additional MRI 2004 revealed herniated disc and spinal stenosis noted at C5-C7. The patient underwent C5-7 anterior cervical discectomy and fusion in August 2004. The patient reported increased complaints of pain and depression and suicidal ideations at the start of physical therapy in February 2005. Additional EMG nerve conduction studies performed in 2005 were negative for cervical radiculopathy. MRI from 2002 the cervical spine revealed multiple disc herniations from C2-T1 with moderate narrowing of the central canal C6-7. X-rays of cervical spine show status post C5-7 fusion with spurring at C4-5. Physical examination of the cervical spine does not demonstrate any evidence of significant radiculopathy. At issue is whether additional surgery is medically necessary at this time.

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 at C3-C4, C4-5 and C7-T1 with removal of the prior surgical plate at C5-C7: 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), Cervical Surgery, and Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

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

Decision rationale: This patient does not meet established criteria for cervical spine surgery. Specifically there is no evidence of significant neurologic dysfunction on the patient's physical examination or imaging studies. Imaging studies do not indicate any evidence of instability of the spine. In addition the patient does not have any red flag indicators for spinal surgeries such as concern for tumor, fracture, or progressive neurologic deficit. The patient had previous anterior cervical fusion surgery and there is no documentation of failure fusion or cervical instability. In addition MRI imaging studies do not document any evidence of severe nerve root compression that is correlated with physical examination evidence of specific radiculopathy. The patient does not have myelopathy. Criteria for cervical spinal surgery are not met at this time. There is no need for cervical decompression and no need for cervical fusion. Criteria for cervical decompression and cervical fusion are not met.