

Case Number:	CM13-0021207		
Date Assigned:	10/11/2013	Date of Injury:	06/17/2011
Decision Date:	01/16/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

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 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:

██████████ is a 62 year old man who sustained a work related injury on August 9 2011. The patient has had 2 facet joint injections, pain medications, activity modification and one rhizotomy of the lumbar spine which was helpful. He was diagnosed with lower back pain associated to degenerative disc disease, The provider is requesting authorization for bilateral L4-S1 radiofrequency rhizotomy to manage the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical anterior discectomy C6-7 C5-6 w/ allograft, cage spacer, local bone, and anterior plating: Overturned

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

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

Decision rationale: CA MTUS states that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; 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 as well as unresolved radicular symptoms after receiving conservative treatment. Cervical nerve root decompression may be accomplished in one of two major ways; cervical laminectomy and disk excision with nerve root decompression, especially for posterolateral or lateral disk ruptures or foraminal osteophytes. However, anterior disk excision is performed more often, especially for central herniations or osteophytes. Possible complications of decompression include wound infections, diskitis, recurrent disk material or graft slippage and cervical cord damage. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The documentation submitted for review indicates overall the patient has reports of constant neck pain with radiation down the bilateral arms, as well as numbness and tingling and pain which increases with activities. On physical exam, there is tenderness to palpation over the midline cervical spine and bilateral paraspinal muscles, bilateral trapezius, and bilateral levator, right greater than left. The patient also has decreased sensation to light touch over the bilateral hands and fingertips, right greater than left. Imaging studies submitted for review indicate the patient to have evidence of mild to moderate broad-based disc bulging and probable mild bilateral neural foraminal stenosis, as well as mild central canal stenosis at C5-6 and C6-7 with additional finding at C6-7 of an osteophyte complex causing moderate bilateral neural foraminal stenosis. Treatment for the patient thus far has consisted of formal physical therapy, medication management, and a psychological evaluation of the patient completed on 09/16/2013 which detailed the patient was cleared for the requested procedure. Given the above, the request for cervical anterior discectomy at C6-7 and C5-6 with allograft, cage spacer, local bone, and anterior plating is medically necessary and appropriate.