

Case Number:	CM13-0023632		
Date Assigned:	11/15/2013	Date of Injury:	01/29/1978
Decision Date:	06/20/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/12/2013

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 Surgery, has a subspecialty in Spine Fellowship, 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 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 patient is an employee of the [REDACTED] and filed a claim for cervical/lumbar diskopathy associated with an industrial injury date of January 29, 1978. Utilization review from August 6, 2013 denied the request for C4-C7 anterior cervical discectomy with implantation of hardware due to unclear conservative treatment documentation as well as treatment goals. Treatment to date has included cervical and lumbar epidural steroid injections, chiropractic care, medications, and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of persistent symptomatology in the cervical spine, head, and shoulders. There are complaints of chronic headaches and migraines. The symptoms for the neck are aggravated by repetitive motions and prolonged positioning of the neck. Of note, the patient has bilateral carpal tunnel syndrome and diagnosed with double crush syndrome. Physical exam demonstrated tenderness along the cervical paravertebral muscles and upper trapezial muscles with noted spasms. Axial loading compression test and Spurling's maneuver were noted to be positive; laterality was not specified. Range of motion for cervical spine was noted to be painful and restricted. There was dysesthesia at the C5 and C6 dermatomes. Examination of the bilateral wrists/hands was notable for carpal tunnel syndrome. The discussion of treatment stated that the cervical fusion will address the symptoms and correct the junctional kyphosis. However, it was also noted that since the patient has double crush syndrome, a cervical procedure may not resolve this problem. A pain consultation note cited an MRI of the cervical spine showing 4-mm herniation impinging on the left C6 nerve root at C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C7 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF
HARDWARE:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), PAGE 183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: According to Neck and Upper Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, surgery for the neck and upper back may be recommended given that the patient's history, physical exam, and diagnostic studies demonstrate evidence of a surgical lesion. The findings should demonstrate persistent and progressive deficits that are not responsive to multiple modalities of conservative treatment. In this case, the patient has been suffering from chronic neck pain that has not resolved from numerous conservative treatment which includes physical therapy, chiropractic therapy, injections, and medications. However, an official MRI was not in the documentation to support the evidence of a surgical lesion as well as electrodiagnostics to confirm radiculopathy. While the physical exam findings did demonstrate neurological deficits, the physical exam findings did not indicate progressive and worsening deficits. The requesting doctor also stated that the patient has double crush syndrome which may not be resolved with a cervical procedure. The request for C4-C7 anterior cervical discectomy with implantation of hardware is not medically necessary or appropriate.