

Case Number:	CM13-0026767		
Date Assigned:	03/19/2014	Date of Injury:	11/09/2010
Decision Date:	04/22/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 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 a 52-year-old female who reported an injury on 11/09/2010. The mechanism of injury was not provided. The documentation of 08/01/2013 revealed that the patient had stiffness and spasms of the neck. The patient had an MRI per the office note on 07/29/2013, which revealed C4-5 there was moderate spondylosis with a 3 mm disc bulge and thickening of the dorsal longitudinal ligament with moderate to severe canal stenosis with mild cervical cord compression and a canal diameter of 8 mm. There was moderate uncovertebral joint hypertrophy bilaterally. At C5-6 there was advanced spondylosis with a 2 mm retrolisthesis and a 2 mm disc bulge with moderate to severe central canal stenosis with mild cord compression and canal diameter of 8 mm. There was uncovertebral joint hypertrophy bilaterally, left greater than right, and moderate to severe left stenosis with mild to moderate right stenosis. The patient's diagnoses were noted to include cervical spine posttraumatic sprain/strain and disc bulges. The treatment recommendation was noted to be a cervical discectomy and fusion at C4-5 and C5-6. It was further indicated that the physician performed x-rays on the date of 08/01/2013, which revealed the patient had a kyphotic curvature at C4-5 due to anterior collapse and at C5-6, the level was bone on bone. The patient's cervical complaints were worse. The patient experienced radicular symptoms and weakness of the right upper extremity. Subsequent documentation of 08/27/2013 withdrew the request for cervical discectomy and fusion at C4-5 and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

An anterior cervical discectomy and fusion at C4-5 and C5-6.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK & UPPER BACK CHAPTER, DISCECTOMY AND FUSION.

Decision rationale: Official Disability Guidelines recommend a discectomy if the patient has radiographically demonstrated abnormality to support clinical findings consistent with 1 of the following, a progression of myelopathy or focal motor deficit, intractable radicular pain and the presence of documented clinical and radiographic findings or the presence of spinal instability when performed in conjunction with stabilization. For a discectomy, there must be evidence of radicular pain and sensory symptoms in the cervical distribution correlating with the involved cervical level or the presence of a positive Spurling's test. There should be motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, there should be abnormal imaging showing positive findings that correlate with nerve root involvement that is found with previous objective physical and/or diagnostic findings, and etiologies of pain such as metabolic sources should be addressed prior to cervical procedures. There must be evidence that the patient has received and failed at least a 6 to 8 week trial of conservative care. The clinical documentation submitted for review failed to indicate the patient had failed a 6 to 8 week course of conservative care. There was a lack of documentation of an objective physical examination, which revealed the patient had myotomal or dermatomal findings, decreased reflexes, or a positive Spurling's test. Additionally, there was a lack of documentation to identify the upper extremity complaints correlating with a specific dermatome. The official MRI was not provided for review. Subsequent documentation indicated the request was withdrawn. Given the above, the request for an anterior cervical discectomy and fusion at C4-5 and C5-6 is not medically necessary.

An assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

A 2-3 day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

An aspen collar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.