

Case Number:	CM13-0027705		
Date Assigned:	11/22/2013	Date of Injury:	05/26/2001
Decision Date:	01/16/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 is a 36-year-old female with a reinjury date of May 26, 2001. At issue is whether or not an anterior cervical discectomy and fusion at C5-C6 is medically necessary. The patient is being treated for chronic neck pain complaints and has been diagnosed with cervical myelopathy C5-C6 with degenerative disc condition and chronic cervical spine pain. The patient currently presents with neck pain with occipital radiation, bilateral upper extremity numbness and tingling, and pain mainly in the C6 dermatomal distribution. Cervical physical examination documented by the requesting provider is different from that performed by the nonrequesting provider 17 days prior. The requesting provider's findings demonstrate diminished sensation in a C6 dermatomal distribution on the left compared to the right, left grip weakness, increased reflexes in all 4 extremities graded 3+, positive Hoffmann sign in the upper extremities, and a grossly positive nerve traction test exacerbating pain in the patient's hands. There is neck stiffness reported. The examination done by a different doctor did not report any extension of symptoms into the upper extremities. There were normal reflexes in the upper and lower extremities noted with no evidence of upper motor neuron findings. A cervical spine MRI performed on 12/21/2012 revealed a small 3 mm disc bulge at C5-6 that was centrally located without any evidence of significant canal or neuroforaminal stenosis. Additionally the MRI indicated that there was no evidence of pressure against the spinal cord. Another cervical MRI performed on 6/12/2013 revealed a 2 mm broad-based disc protrusion at C5-6 with the patient's spinal canal and neuroforaminal in the normal course of the spinal cord. There is no evidence of compression of the spinal cord or the nerve roots at C5-C6. An EMG nerve conduction study performed in October 2001 was normal. The medical records indicate that prior treatment has included chiropractic care, physical the

IMR ISSUES, DECISIONS AND RATIONALES

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

One C5-6 anterior cervical discectomy and fusion between 9/6/13 and 1/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic.)

Decision rationale: This patient has not met established criteria for cervical spine decompression and fusion surgery. Specifically there was no documentation of an imaging study that shows significant compression on the spinal cord or the nerve roots. In addition there are conflicting examinations in the report. It is unclear whether the patient has a neurologic deficit because the 2 examinations performed 17 days apart are dramatically different. Examination reported by the non-requesting provider does not document myelopathy or profound cervical motor radiculopathy. In the absence of an imaging studies documenting neural compression the cervical spine, cervical spine decompressive fusion surgery is not medically necessary. In addition there are no red flag indicators for cervical spine surgery in this case. The patient does not have any documented evidence of instability, fracture, or concern for tumor. The request for one C5-6 Anterior cervical discectomy and fusion between 9/6/13 and 1/4/14 is not medically necessary and appropriate.

1 routine pre-op medical workup between 9/6/13 and 1/4/14: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.