

Case Number:	CM13-0031946		
Date Assigned:	12/04/2013	Date of Injury:	02/06/2012
Decision Date:	01/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 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.

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 claimant is a 52-year-old gentleman who sustained an injury to his cervical spine on February 6, 2012. A clinical assessment from November 12, 2013 with orthopedic surgeon [REDACTED]. [REDACTED] documented continued complaints of pain about the neck with weakness to the right arm, numbness to the left arm and digits. It states recent treatment has included medication management and a TENS unit. Objectively there was noted to be restricted cervical range of motion with sensory changes to the dorsum of the left arm and forearm. The claimant's working diagnosis on that date was that of moderate to severe left foraminal stenosis at C5-6 with cervical radiculopathy. An MRI of the cervical spine, October 4, 2013, was reviewed at that time and it was documented that it showed C6-7 moderate to severe left foraminal stenosis and a C5-6 2 millimeter disc protrusion. The plan at that time was for continuation of medication management and referral for surgical intervention in the form of a two level anterior cervical discectomy and fusion at C5-6 and C6-7. That MRI report was available for my review and it documented the C5-6 level to be with mild left foraminal narrowing, but no evidence of neural compressive pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior decompression at C5 and C6-7: Upheld

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): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical.

Decision rationale: CA MTUS states "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, Unresolved radicular symptoms after receiving conservative treatment". Based on CA MTUS ACOEM and supported by Official Disability Guideline criteria, surgical decompression at the C5-6 and C6-7 level would not be indicated. The claimant's clinical records fail to demonstrate evidence of neural compression at the two requested levels and would not be indicated. Physical examination findings do not correlate with findings on imaging. At this chronic stage in the clinical course of care, the absence of clear correlation between the requested surgical levels, examination findings and imaging would fail to necessitate the proposed process.

Anterior fusion at C5-6 and C6-7: Upheld

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.

Decision rationale: CA MTUS allows for surgical intervention in the presence of imaging findings of pathology that has been shown to benefit from surgical intervention; the guidelines also do not support a fusion procedure in the absence of documented instability. As stated previously clinical imaging findings do not correlate with the claimant's exam findings. The acute need of a surgical process at this chronic stage in the clinical course of care without clear correlation between the imaging and examination would fail to necessitate the requested fusion procedure.