

Case Number:	CM13-0032522		
Date Assigned:	12/11/2013	Date of Injury:	10/31/2003
Decision Date:	01/22/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/05/2013

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 Fellowship trained 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:

The patient is a 60-year-old male who reported a work related injury on 10/31/2003, the mechanism of injury was strain to the cervical spine. The patient presents for treatment of the following diagnoses, cervical radiculopathy and cervical spondylosis. The patient has a prior postoperative history of status post left shoulder arthroscopic surgeries, status post left carpal tunnel surgery, and status post left middle finger release. CT scan of the cervical spine dated 10/02/2013 signed by [REDACTED] revealed mild loss of disc height at C5-6 with moderate marginal osteophyte formation predominantly at C5-6 with normal alignment; mild posterior disc bulging involving C3-4, C4-5, and C5-6 apparently indenting the thecal sac and abutting the spinal cord; incidentally, there was a left maxillary sinus lesion as well that the radiologist documented should be considered neoplastic until proven otherwise. Clinical note dated 08/19/2013 reported an orthopedic spine consultation report with request for authorization of treatment of the patient. The clinical note documented the patient's course of treatment status post his work related injury which revealed utilization of cervical epidural steroid injections, facet injections, and physical therapy interventions as well as medication management. The provider documented the patient currently utilizes the following medications: Omeprazole, Anaprox, Zanaflex, Norco 10/325, Ambien, ibuprofen, Benazepril, Metformin, Lantus and Humalog. The patient rated his pain as an 8/10. Range of motion about the cervical spine was noted to be at 10 degrees flexion, 15 degrees extension, 15 degrees right rotation, 10 degrees left rotation, and 10 degrees of bilateral lateral flexion. Spurling's test was positive bilateral and foraminal compression test was positive bilaterally. The provider documented reflexes were decreased throughout at 1/4 bilaterally to the upper extremities. The provider documented sensation was decreased in the

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion C4-5, C5-6, C6-7 and Iliac crest bone graft with 2-3 day in patient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and ACC/AHA.

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

Decision rationale: The current request is not supported. California MTUS/ACOEM indicates surgical interventions for the cervical spine are supported for patients who have persistent, severe, disabling shoulder or arm symptoms, activity limitations for more than 1 month, or with extreme progression of symptoms, clear clinical imaging, and electrophysiology evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term and unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review evidences this patient has presented with continued cervical spine pain complaints, evidence of motor, neurological, and sensory deficits upon physical exam status post a work related injury sustained over 10 years ago. The patient subjectively reports pain about the cervical spine with radiation of pain to the shoulders, arms, hands, and fingers. The clinical notes evidence the patient has utilized multiple conservative modalities since status post his work related injury to include injection therapy, physical therapy, medication regimen, and activity modifications without resolve of the symptomatology. The patient, upon physical exam, objectively presents with positive Spurling's test, positive foraminal compression test, decreased reflexes, and decreased sensation in the C4-5, C5-6, C6-7 and C7-8 dermatomes. Imaging of the patient's cervical spine revealed multilevel degenerative changes about the cervical spine and posterior disc bulging abutting the spinal cord. Whereas surgical interventions for this patient are indicated, the request is also rendered with a 2 to 3 day inpatient stay. The current request cannot be modified; therefore, the request as a whole must receive an adverse determination. Given all the above, the request for anterior cervical discectomy and fusion C4-5, C5-6, and C6-7 and iliac crest bone graft with 2 to 3 day inpatient stay is not medically necessary or appropriate.

Cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and ACC/AHA.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The current request is not supported, as the requested operative procedure is supported for the patient, the requested 2 to 3 days inpatient stay is excessive in nature and cannot be modified. Therefore, California ACOEM addresses cervical collar in the acute phase

of treatment, Official Disability Guidelines indicates "cervical collar postoperative to a fusion is not recommended after a single level anterior cervical fusion with plate, use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single level anterior cervical fusion with plating." However, as the requested operative procedure with 2 to 3 inpatient days of stay is not supported, the request for cervical collar is not medically necessary or appropriate