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| Case Number: | CM13-0033867 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 10/27/2011 |
| Decision Date: | 01/14/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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 52-year-old female who reported an injury to her neck and left shoulder on 10/27/11 due to cumulative trauma from holding her phone between her neck and her shoulder while working. The patient was diagnosed with cervical discopathy, radiculitis, and left shoulder impingement syndrome with labral tear and partial rotator cuff tear. A clinical note dated 06/25/13 and signed by [REDACTED] reported the patient was seen for re-evaluation and complained of persistent pain in the neck that was aggravated by repetitive motion of the neck, prolonged positioning of the neck, pushing, pulling, lifting, reaching forward, and working at or above shoulder level. She reported left shoulder pain that was aggravated by reaching forward, lifting, pushing, pulling, and working at or above shoulder level. On examination of the cervical spine, she had tenderness of the cervical paravertebral muscles and upper trapezius muscles with spasms. An axial loading compression test and Spurling's maneuver were positive. There was painful and restricted range of motion and there was dysesthesia in the C5 and C6 dermatomes. The patient is noted to have undergone an MRI of the cervical spine on 06/28/13 which reported findings of reversal of the cervical lordosis which could be associated with spasm, levoscoliosis, posterior disc protrusions at C3-4, C4-5, and C5-6 with facet joint arthropathy at C5-6, compression of the C4-5 exiting nerve root, and bilateral C5-6 exiting nerve root with an exterior protrusion at C4-5, anterior protrusion/extrusion at C4-5 of 3 mm, and at C5-6 at 4 mm to 5 mm. On 08/06/13, the patient was reported to complain of persistent neck pain that radiates to the upper extremities with numbness and tingling, and chronic headaches. She is noted to have painful and restricted range of motion, positive axial compression and Spurling's testing maneuvers, and dysesthesia in the C5-6 dermatomes. A recommendation was made for a cervical discectomy and fus

IMR ISSUES, DECISIONS AND RATIONALES

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

The outpatient C4 to C6 anterior cervical discectomy with implementation of hardware:
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): 180-181.

Decision rationale: The California MTUS states that cervical nerve root decompression may be accomplished with an anterior disc excision and anterior fusion. It notes that a cervical surgery is recommended for clear clinical imaging, and electrophysiological evidence indicating that the same lesion will benefit from surgical repair in both the short term and long term for severe limitations for more than one month with severe progression of symptoms, or with unresolved radicular symptoms after receiving conservative care. The patient is noted to have decreased sensation in the C5 and C6 dermatomes, and painful and decreased range of motion with positive axial compression and Spurling's maneuvers. The MRI shows findings of nerve root compromise at the C4-5 and C5-6 levels due to anterior and posterior disc protrusion/extrusion and facet arthropathy; however, although the patient is reported to have undergone conservative treatment, (other than cortisone injections in an unspecified area with adverse effects), there is no documentation of the specific conservative treatment that the patient has undergone. In addition, there is no electrophysiological evidence of documented radiculopathy. Based on the above, the requested surgery does not meet California MTUS Guideline recommendations.