

Case Number:	CM13-0035528		
Date Assigned:	12/13/2013	Date of Injury:	02/21/2003
Decision Date:	02/14/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/17/2013

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, is fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 female who reported injury on 02/12/2003. The patient was noted to have a history of a C5-6 and C6-7 cervical fusion. Per the most recent documentation, the patient was noted to be scheduled to have surgical treatment with [REDACTED] on 12/04/2013. Repetitive neck movement was noted to cause pain. The patient was noted to have numbness, tingling, and weakness throughout the left arm. The patient's diagnoses were noted to include history of C5-6 and C6-7 cervical fusion, chronic cervical spine pain with adjacent level pathology per plain film radiographs, and chronic myofascial pain. The request was made for a C4-5 anterior cervical discectomy and a left uncovertebral joint resection with interbody fusion 23 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 anterior cervical discectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates: Neck & Upper back.

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) Neck & Upper Back Chapter, ACDF.

Decision rationale: The ACOEM Guidelines recommend surgical intervention for patients with persistent, severe, and disabling shoulder or arm symptoms and activity limitation or extreme progression of symptoms as well as clear clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair as well as unresolved radicular symptoms after receiving conservative treatment. A cervical nerve root decompression may be accomplished with a cervical laminectomy and disc excision with nerve root decompression. However, specific criteria were not provided. As such, secondary guidelines were sought. The Official Disability Guidelines recommend indications for surgery include the patient must have evidence of radicular pain and severe symptoms in a cervical distribution that correlate with the involved cervical level or the presence of a positive Spurling's test. Additionally, there should be evidence of a motor deficit or reflex changes or positive electromyography (EMG) findings that correlate with the cervical level, the patient should have an abnormal imaging study to show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex, or EMG changes, confirmatory selective nerve root blocks may be submitted if these block correlate with the imaging study and 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 provide a thorough objective physical examination. It failed to provide specific myotomal and/or dermatomal findings. It failed to indicate the patient had met the above criteria as there was a lack of documentation indicating a physical examination from the requesting physician as well as abnormal imaging, EMG findings, objective physical examination findings and there was a lack of documentation of trial and failure of at least 6 to 8 weeks of conservative care. Given the above, the request for a C4-5 anterior cervical discectomy is not medically necessary.

Left uncovertebral joint resection with interbody fusion 23 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates: Neck & Upper back.

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, Fusion, Hospital Length of Stay.

Decision rationale: The Official Disability Guidelines recommend an anterior cervical fusion as an option in combination with anterior cervical discectomy. However, there is a lack of documentation indicating the necessity for the C4-5 anterior cervical discectomy. The Official Disability Guidelines recommend a 1 day for hospital length of stay. The request for 23 hour stay would be supported if the procedure was supported. Given the above, the request for left uncovertebral joint resection with interbody fusion 23 hours is not medically necessary.