

Case Number:	CM13-0037933		
Date Assigned:	12/18/2013	Date of Injury:	09/06/2011
Decision Date:	02/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 subspecialty in Spinal 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 57-year-old female with a work-related injury on 9/6/11 with neck pain and right sided shoulder pain and status post shoulder arthroscopy. An exam note from 9/17/13 demonstrates complaint of numbness and tingling in right hand. Electrodiagnostic studies demonstrate carpal tunnel syndrome. Status post exam under anesthesia right shoulder on 7/3/13 with labral debridement and carpal tunnel decompression right wrist. Physical exam findings demonstrate tenderness over the right shoulder with normal neurologic examination. Exam note from 8/20/13 demonstrates normal neurologic examination. A magnetic resonance imaging (MRI) of the cervical spine dated 9/12/12 demonstrates C5-6 with moderate bilateral foraminal stenosis.

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 with instrumentation at C5-C6 and C6-C7 with iliac crest bone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Fusion, which is not part of the MTUS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapters, which is not part of the MTUS.

Decision rationale: MTUS guidelines indicate that a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms. ODG guidelines Indications for surgery recommend the following: evidence of radicular pain and sensory symptoms; evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level; abnormal imaging (CT/myelogram and/or MRI); etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome); and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. In this case, the submitted clinical documents do not evidence the demonstration of neural compression of neural structures on MRI of the cervical spine correlating with physical examination. Moreover, there is no evidence of cervical myelopathy. Thus, the requested procedure is not medically indicated. The request for anterior cervical discectomy and fusion with instrumentation at C5-C6 and C6-C7 with iliac crest bone not medically necessary and appropriate.