

Case Number:	CM13-0044781		
Date Assigned:	02/07/2014	Date of Injury:	01/12/2009
Decision Date:	05/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 38-year-old female with a date of injury of 01/12/2009. The listed diagnoses according to [REDACTED] are: 1. Cervical disc herniation and stenosis at C3-C4 and C6-C7. 2. Left upper extremity cervical radiculopathy. 3. Status post remote fusion, C4-C5 and C5-C6. According to report dated 08/28/2013 by [REDACTED], the patient presents with increasing neck pain that radiates both to the occiput of her head and also into her left arm and forearm. She has a feeling of weakness into the wrist as well as long finger numbness. Physical examination reveals restricted cervical range of motion with increasing pain with extension and rotation. There is positive Spurling's sign to the left. In the left arm, she has weakness to the long finger extensors as well as wrist extensors and pronator weakness on the left at 4+/5. There is numbness in the left long finger consistent with a C7 dermatome. MRI from 06/29/2013 showed evidence of a previous solid cervical arthrodesis at C4-C5 and C5-C6 with anterior plating in place. There is artifact associated with the anterior plate. Of particular note is that the patient has a disc herniation and degenerative changes at C3-C4 and C6-C7. C3-C4 disc above the fusion has a 2-mm lateral bridging osteophyte. At the C4-C5 disc space, anterior cervical fusion and adequate decompression are present. C5-C6 shows no central or foraminal stenosis. C6-C7 below the fusion reveals a 3-mm bridging osteophyte seen diffusely with hypertrophic change. The treating physician states the patient has developed adjacent level deterioration which has resulted in increasing cord irritation and radicular symptoms to the left arm. She has undergone a number of treatments including injections, but continues with weakness as well as specific motor weakness that have been documented. The treating physician's recommendation is for anterior discectomy/artificial disc replacement at C3-C4 and C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY C3-C4 AND C6-C7 ANTERIOR DISKECTOMY/ARTIFICIAL DISC REPLACEMENT: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), GUIDELINES FOR ARTIFICIAL DISC REPLACEMENT, C-SPINE.

Decision rationale: This employee presents with increasing neck pain that radiates both to the occiput of the head and also into the left arm and forearm. The treating physician's recommendation is for anterior discectomy/artificial disc replacement at C3-C4 and C4-C5. The treating physician indicates that the employee has 2mm disc at C3-4 and 3mm disc at C6-7, above and below the levels of fusion. Examination showed 4+/5 strength deficit along with C7 nerve root sensory changes. Conservative measures have failed to improve the employee's chronic pain. The ACOEM guidelines p180 regarding C-spine surgery states, "with chronic cervical pain without instability has not been demonstrated." Clear clinical, imaging and electrodiagnostic studies showing surgical lesion must be demonstrated. In this employee, 2-3mm disc/osteophyte is not a clear surgical lesion. The ODG guidelines only recommend a single level replacement with clear arm pain and functional/neurologic deficits. The current request is for two level-disc replacement with minimal neurologic deficit. Recommendation is for denial.