

Case Number:	CM13-0047126		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2010
Decision Date:	10/17/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in New York. 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 expert 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 has chronic neck pain and back pain shoulder pain and extremity pain. The MRI shows cervical disc protrusion a 4 mm at C5-6. There is some spinal stenosis at C5-6. Physical exam shows sensory and motor changes in the C6 and C7 levels. The patient has had physical therapy as well as medications and continues to have pain. Patient has a date of injury of June 15, 2010. At issue is whether two-level cervical surgery C5-6 C6-7 with C6 corpectomy is medically necessary. Also at issue is whether narcotic medicine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6 Corpectomy with C5-C7 Anterior Fusion: Upheld

Claims Administrator 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, Neck and Upper Back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG neck pain chapter

Decision rationale: This patient does not meet establish criteria for two-level cervical decompression and fusion surgery to include cervical corpectomy surgery at the C6 level. Imaging studies do not clearly correlate with the patient's physical examination showing specific

radiculopathy and compression of the C7 nerve roots. Imaging studies do not show significant compression of the C7 nerve roots. Two-level decompression and fusion surgery is not supported by the patient's MRI findings which do not show significant pathology at the C6-7 level causing compression of the nerve roots or spinal cord. In addition there is no evidence of instability fracture or tumor. There is no evidence of progressive neurologic deficit. Two-level cervical fusion surgery with corpectomy not medically necessary.

Tylenol No. 3 (Codeine 30 mg / Acetaminophen 300mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines do not support the use of narcotics for chronic pain. In addition the medical records do not support the need for cervical corpectomy surgery and therefore narcotics will not be necessary postoperatively. Also, the medical records do not indicate that the patient is involved in a functional restoration program. Narcotic usage is not supported by guidelines for chronic neck pain. Narcotic Medication not medically necessary at this time.