

Case Number:	CM13-0048032		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2012
Decision Date:	03/06/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 37-year-old male who reported injury on 04/20/2012. The mechanism of injury was stated to be the patient was lifting boxes weighing more than 100 pounds, and as he picked up the second box, he felt a sharp pain in his back. There was no PR-2 or clinical documentation submitted with the review to support the requested treatment. The patient's diagnoses, Application for Independent Medical Review was noted to be a cervical disc herniation, and the request was made for a C3-4 anterior cervical discectomy plus fusion, and a right C5-7 posterior laminoforaminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Discectomy, Fusion.

Decision rationale: ACOEM Guidelines indicate that a surgical consult is appropriate for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitations for more than 1 month, or extreme progression of symptoms with clear and clinical

imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and long term, and unresolved radicular symptoms after receiving conservative treatment. It further indicates that cervical nerve root decompression may be accomplished in 1 of 2 major ways, including a cervical laminectomy and disc excision with nerve root decompression. As there were no indications for surgery through ACOEM guidelines, secondary guidelines were sought. Official Disability Guidelines indicate that a discectomy is recommended as an option, if there is a radiographically-demonstrated abnormality to support clinical findings consistent with 1 of the following, which includes evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level and the presence of a positive Spurling's test. There should be evidence of a motor deficit or reflex changes or positive EMG findings that correlate with a cervical level, etiologies of pain such as metabolic sources have been ruled out, and the patient must have evidence of a trial and failure of at least 6 to 8 weeks of conservative care. There was a lack of a PR2 submitted for review. As such, none of the above criteria was met. The request for a C3-4 anterior cervical discectomy would not be supported. Official Disability Guidelines recommend a cervical fusion as an option in combination with a cervical discectomy for approved indications. However, as the request for the cervical discectomy was not supported due to a lack of documentation of a physical examination, as well as MRI findings and documentation of conservative care, the request for the fusion would not be supported. Given the above, the request for C3-4 anterior cervical discectomy and fusion is not medically necessary.

right C5-7 posterior laminoforaminotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cervical Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Laminoforaminotomy.

Decision rationale: ACOEM Guidelines indicate that a surgical consult is appropriate for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitations for more than 1 month, or extreme progression of symptoms with clear and clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and long term, and unresolved radicular symptoms after receiving conservative treatment. It further indicates that cervical nerve root decompression may be accomplished in 1 of 2 major ways, including a cervical laminectomy and disc excision with nerve root decompression. As there was no criterion listed, secondary guidelines were sought. Official Disability Guidelines indicate that a discectomy is recommended as an option, if there is a radiographically-demonstrated abnormality to support clinical findings consistent with 1 of the following, which includes evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level and the presence of a positive Spurling's test. There should be evidence of a motor deficit or reflex changes or positive EMG findings that correlate with a cervical level, etiologies of pain such as metabolic sources have been ruled out, and the patient must have evidence of a trial and failure of at least 6 to 8 weeks of conservative care. There was a lack of a PR2 submitted for

review with the submitted request. As such, none of the above criteria was met. The request for a right C5-7 posterior laminoforaminotomy is not medically necessary.

Up to two days of inpatient hospital care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.