

Case Number:	CM13-0049807		
Date Assigned:	12/27/2013	Date of Injury:	08/05/2008
Decision Date:	04/28/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/08/2013

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, was 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 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 is a 65-year-old female who reported an injury on 8/5/08. The mechanism of injury was not stated. The patient is currently diagnosed with cervical radiculitis. The patient was seen by [REDACTED] on 9/11/13. Physical examination on that date revealed tenderness to palpation over the paraspinal musculature, 50 degrees flexion, 60 degrees extension, 80 degrees right and left rotation, and 45 degrees right and left lateral bending. The patient also demonstrated positive Spurling's maneuver and 5/5 motor strength in the bilateral upper extremities with intact sensation. A cervical MRI was reviewed at that time which indicated C3-7 disc herniation with collapse at C4-7 causing foraminal stenosis. Treatment recommendations at that time included C4-7 anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 ANTERIOR CERVICAL DISCECTOMY AND FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM guidelines state that referral for surgical consultation is indicated for patients who have persistent and severe disabling shoulder or arm symptoms, activity limitations for more than one month, clear clinical imaging, and electrophysiologic evidence indicating a lesion, and unresolved radicular symptoms after conservative treatment. The Official Disability Guidelines state that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved conditions. Prior to a discectomy, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlates with the involved cervical level or presence of a positive Spurling's test. There should be evidence of motor deficit, reflex changes, or positive EMG findings that correlate with the cervical level. There must also be evidence that the patient has received and failed at least 6-8 weeks of conservative treatment. As per the documentation submitted, it is noted that the patient has been previously treated with anti-inflammatory medication and physical therapy. However, there were no imaging studies or electrodiagnostic reports submitted for review. The patient's physical examination revealed 5/5 motor strength, 2+ bilateral upper extremities reflexes, and intact sensation. Therefore, there is no evidence of motor deficit or reflex changes. There is also no evidence of radicular pain and sensory symptoms. Without clinical evidence of radicular pain, sensory symptoms, motor deficit, reflex changes, or EMG findings that correlate with a specific cervical level, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

C5-6 ANTERIOR CERVICAL DISCECTOMY AND FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM guidelines state that referral for surgical consultation is indicated for patients who have persistent and severe disabling shoulder or arm symptoms, activity limitations for more than one month, clear clinical imaging, and electrophysiologic evidence indicating a lesion, and unresolved radicular symptoms after conservative treatment. The Official Disability Guidelines state that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved conditions. Prior to a discectomy, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlates with the involved cervical level or presence of a positive Spurling's test. There should be evidence of motor deficit, reflex changes, or positive EMG findings that correlate with the cervical level. There must also be evidence that the patient has received and failed at least 6-8 weeks of conservative treatment. As per the documentation submitted, it is noted that the patient has been previously treated with anti-inflammatory medication and physical therapy. However, there were no imaging studies or electrodiagnostic reports submitted for review. The patient's physical examination revealed 5/5 motor strength, 2+ bilateral upper extremities reflexes, and intact sensation. Therefore, there is no evidence of motor

deficit or reflex changes. There is also no evidence of radicular pain and sensory symptoms. Without clinical evidence of radicular pain, sensory symptoms, motor deficit, reflex changes, or EMG findings that correlate with a specific cervical level, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

C6-7 ANTERIOR CERVICAL DISCECTOMY AND FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM guidelines state that referral for surgical consultation is indicated for patients who have persistent and severe disabling shoulder or arm symptoms, activity limitations for more than one month, clear clinical imaging, and electrophysiologic evidence indicating a lesion, and unresolved radicular symptoms after conservative treatment. The Official Disability Guidelines state that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved conditions. Prior to a discectomy, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlates with the involved cervical level or presence of a positive Spurling's test. There should be evidence of motor deficit, reflex changes, or positive EMG findings that correlate with the cervical level. There must also be evidence that the patient has received and failed at least 6-8 weeks of conservative treatment. As per the documentation submitted, it is noted that the patient has been previously treated with anti-inflammatory medication and physical therapy. However, there were no imaging studies or electrodiagnostic reports submitted for review. The patient's physical examination revealed 5/5 motor strength, 2+ bilateral upper extremities reflexes, and intact sensation. Therefore, there is no evidence of motor deficit or reflex changes. There is also no evidence of radicular pain and sensory symptoms. Without clinical evidence of radicular pain, sensory symptoms, motor deficit, reflex changes, or EMG findings that correlate with a specific cervical level, the current request cannot be determined as medically appropriate. As such, the request is non-certified.