

Case Number:	CM13-0050681		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2011
Decision Date:	04/24/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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:

Physical examination reveals positive Spurling's test on the right and left. She has paresthesias in the biceps and dorsal forearm. There is equivocal weakness in the biceps and wrist extension on the right side 4+ over 5 left triceps 4+ over 5. Upper extremity reflexes are absent. Cervical MRI from September 2013 revealed C4-5 moderate disc bulge with moderate canal stenosis. There is mild bilateral foraminal narrowing. C5-6 has mild central stenosis. C6-7 has mild disc bulge with mild canal stenosis and some left greater than right or foraminal stenosis. Conservative measures have included medications, activity modification chiropractic care, physical therapy and injections times 2. At issue is whether ACDF surgery at C4-5, C5-6 and C6-7 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SURGERY WITH ANTERIOR CERVICAL DISCECTOMY AND FUSION AT C4-5, C5-6, AND C6-7 WITH LEFT HIP ILIAC CREST BONE GRAFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: According to the MTUS/ACOEM Guidelines, "referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term, and unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehab (PM&R) specialist may help resolve symptoms." Based on the medical records provided for review, there is no clear correlation between documented radiculopathy on physical examination and MRI imaging studies. There is no clear correlation between imaging studies showing specific compression of the nerve root in the physical exam showed specific radiculopathy related to that nerve root. In addition there is no documentation of neurophysiologic studies demonstrating specific cervical radiculopathy. Also, the medical record do not document any evidence of instability, fracture, or concern for tumor. Establish criteria for cervical fusion surgery are not met. Establish criteria for surgical decompressive surgery the cervical spine are not met. The patient has no evidence of myelopathy or specific radiculopathy that is evidenced on MRI imaging studies showing severe compression of the nerve root along with physical examination showed specific cervical radiculopathy. Confirmation with neurophysiologic testing is not present. The request for cervical surgery with anterior cervical discectomy and fusion at C4-5, C5-6, AND C6-7 with left hip iliac crest bone graft is not medically necessary and appropriate.