

Case Number:	CM13-0051235		
Date Assigned:	12/27/2013	Date of Injury:	12/18/2012
Decision Date:	04/28/2014	UR Denial Date:	10/22/2013
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:

The patient is a 56-year-old female who sustained an industrial injury on December 18, 2012. The patient has chronic neck pain. The patient had C5-C6 left transforaminal epidural steroid injection in September 2013. Cervical MRI from June 2013 shows cervical degenerative disc condition at C5-6 and C6-7. There is a left dorsal disc extrusion at C5-C6 with severe stenosis. There is mild left foraminal stenosis at C6-7. There is mild right foraminal stenosis at C4-5. Electrodiagnostic testing from August 2013 shows that the EMG of the upper extremities is normal. There is no evidence of acute or chronic cervical radiculopathy identified on the neurophysiologic testing. The patient continues to complain of chronic neck pain radiating to the left shoulders with numbness of the left arm. On physical examination neck range of motion is limited. There is muscle spasm of the neck. Gait is normal. There is tenderness palpation of the neck. Diminished sensation is present in the left C6 and C7 dermatomes. Grip strength is weak. Cervical spine x-rays showed normal alignment. There is decreased disc height at C4-5 and C5-6 with arthritis. The patient has had conservative measures including activity modification, medications, physical therapy, and a TENS unit. At issue is whether anterior cervical surgery is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSSIBLE PEEK RING ALLOGRAFT, POSSIBLE BONE MARROW ASPIRATE, POSSIBLE BONE GRAFT SUBSTITUTE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter - Anterior Cervical Discectomy & Fusion (ACDF).

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

Decision rationale: This patient does not meet established criteria for anterior cervical spinal surgery. Specifically, the neurophysiologic testing is normal and does not show any evidence of cervical radiculopathy. In addition the medical records do not contain any evidence of cervical instability, fracture or tumor. The physical examination does not document any evidence of significant neurologic deficit that correlates with specific compression of the cervical nerve root as documented on imaging studies. There is no medical necessity for cervical fusion of cervical decompression in this case. Criteria for cervical spinal surgery are not met.