

Case Number:	CM13-0052526		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2010
Decision Date:	03/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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:

59 year old female active smoker with industrial injury 1/5/10. Status post C5/6 anterior cervical fusion November 2011. Exam note 10/9/13 with neck pain radiating to the right upper extremity into right arm and hand. Objective findings include weakness in biceps, triceps, right pectoralis with numbness in the first three digits of the right hand. MRI 3/6/13 demonstrates C5/6 paracentral bony spurring at C5/6 with moderate to severe bilateral foraminal narrowing at C4/5 and C6/7.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-4-5, C6-7 Anterior Cervical Decompression Interbody Fusion, Rem C5-6 Plate, C4-7 Anterior Plate Fixation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines (neck and Upper Chapter) and CA MTUS 2009: 9792.23.1 Neck and Upper Back Complaints

Decision rationale: According to Chronic Pain Medical Treatment Guidelines/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 - 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 extrapolating studies on low back pain, it also would be prudent to consider a psychological evaluation of the patient prior to referral for surgery. Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement): A) There must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test. B) There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. Note: Despite what the Washington State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see EMG. C) An abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. D) Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (

Assistant Surgeon: 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: As the surgical procedure is non-certified, the decision for assistant surgeon is non-certified

Inpatient 1 Day Stay for Requested Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As the surgical procedure is non-certified, the decision for assistant surgeon is non-certified

Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As the surgical procedure is non-certified, the decision for assistant surgeon is non-certified

Cervical Collar for Post-Operative Immobilization: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As the surgical procedure is non-certified, the decision for assistant surgeon is non-certified

Pre-Operative EKG, Chest X-Ray and Pre-Operative Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As the surgical procedure is non-certified, the decision for assistant surgeon is non-certified