MAXIMUS Federal Services

Case Number:	CM13-0058261		
Date Assigned:	12/30/2013	Date of Injury:	07/12/1995
Decision Date:	06/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 claimant is a 54-year-old female who was injured on July 12, 1995. On October 21, 2013, the claimant is documented as having new onset right upper extremity pain predominantly in the form with thenar atrophy. On December 12, 2013, the claimant is documented as presenting with axial neck pain that radiates in both upper extremities. Pain is currently rated as 6/10 but can range from 4/10 to 8/10. The most recent cervical epidural steroid injection is documented to have provided 40% benefit from axial pain and no radicular benefit. Other prior conservative measures include physical therapy, acupuncture, and a TENS unit. The patient's past medical history includes asthma, recurrent sinus infections, and migraines. The claimant is status post gastric bypass, bilateral carpal tunnel release, operative intervention for left shoulder impingement, tonsillectomy, and hysterectomy. The clinician reviews an MRI that was performed on January 31, 2013 indicates that there is a system central disc protrusion at C3-4 with minimal court contact and annular figure, and 3 mm protrusions at C4-5 and C5-6 with no evidence of neuroforaminal stenosis documented. A previous EMG/NCV was performed on November 10, 2010 and documents no evidence of cervical radiculopathy or median nerve entrapment, but there was evidence of mild left ulnar nerve neuropathy at the wrist. Physical exam documents a positive Spurling's test bilaterally, just palpation over the facet, and diminished cervical range of motion. The clinician also notes trigger points, muscle spasm, diminished sensation in both upper extremities, and diminished reflexes at the triceps. The utilization review in question was rendered on November 27, 2013. The reviewer notes that a previous AME specifically recommended against inter cervical discectomy and fusion at C4-7. The reviewer indicates that the clinician reference previous studies from 2011, the studies of interview multiple times and found to provide no additional information. The reviewer noted a

specific lack of documentation provided to justify overturning the previous recommendation made by the AME.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL REQUEST FOR C4-7 ANTERIOR CERVICAL DISKECTOMY/DECOMPRESSION AND FUSION, NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

Decision rationale: The ODG notes that anterior cervical fusion may be an option in combination with anterior cervical discectomy. The ODG has specific criteria for proceeding with discectomy. Based on the documentation provided, the claimant does not appear to meet the criteria. Specifically, there is no evidence of nerve root compression on advanced imaging. As such, the request is considered not medically necessary and appropriate.