

Case Number:	CM13-0058715		
Date Assigned:	12/30/2013	Date of Injury:	01/10/2012
Decision Date:	06/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 Pennsylvania. 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 sustained a work-related injury on 01/10/12 and was treated for neck, shoulder, and arm pain. The records provided for review revealed that initial cervical spine x-rays on 01/16/12 showed cervical degenerative disc disease at C5-6. A report of a cervical MRI dated 01/28/12 showed mild to moderate, mid to lower cervical disc disease worse at C5-6 and moderate bilateral C5-6 and mild bilateral C4-5 neural foraminal narrowing potentially affecting the C5-6 nerves. The records indicated that the claimant received only minimal benefit from a C7-T1 epidural steroid injection. Electrodiagnostic studies dated 05/10/12 were reported as normal. A repeat cervical MRI report dated 08/19/13 documented multi-level intervertebral degenerative disc disease most prominent at C5-6 where disc desiccation and disc height loss are seen. A combination of uncovertebral joint disease and small broad based protrusion causes mild central and bilateral neural foraminal stenosis. The most recent assessment of the claimant was an office visit dated 11/01/13 with [REDACTED] who documented that the claimant complained of constant neck pain radiating to the right shoulder, down the right arm to the thumb and second and third digits of the right hand with numbness and weakness. [REDACTED] documented that treatment had included physical therapy, an epidural steroid injection, Norco, Elavil, Neurontin and Motrin. Physical examination noted decreased motion of the cervical spine with right upper extremity pain with neck extension and right lateral rotation; positive right Spurling's test, 5/5 strength, 2+ reflexes, and decreased sensation to light touch of the right lateral arm and forearm including the thumb, second, and third digits. Diagnosis was cervical spondylosis and cervical radiculopathy. Recommendation was made for a cervical fusion at C5-6, flexion and extensions films, and an x-ray of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR C5-6 ANTERIOR DISCECTOMY AND FUSION WITH EITHER ALLOGRAFT OR AUTOGRAFT BONE AND ANTERIOR PLATE FIXATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

Decision rationale: Based upon the ACOEM Guidelines, the medical records provided for review do not contain any documentation of a progressive neurological deficit, tumor, infection, or instability of the cervical spine. Objective radiculopathy has not been demonstrated within the medical records either. Therefore, the request for C5-6 anterior discectomy and fusion with either allograft or autograft bone and anterior plate fixation is not medically necessary and appropriate.

THE REQUEST OF X-RAY CERVICAL SPINE AP LATERAL AND ODONTOID:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Cervical spine radiographs AP, lateral, odontoid, would be reasonable for further assessment to determine interval changes or progression since the last documentation regarding cervical spine films was dated 01/16/12. Therefore, the request for x-ray cervical spine AP lateral and odontoid is medically necessary and appropriate.

THE REQUEST FOR X-RAY CERVICAL SPINE FLEXION AND EXTENSION:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Flexion/extension views.

Decision rationale: Cervical spine flexion and extension x-rays would be recommended to further assess for instability. There is no documentation within the records provided that the claimant has had flexion/extension views. Therefore, the request for x-ray cervical spine flexion and extension is medically necessary and appropriate.