MAXIMUS Federal Services

Case Number:	CM13-0061314		
Date Assigned:	12/30/2013	Date of Injury:	04/21/2013
Decision Date:	04/09/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/04/2013

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:

The patient is a 50-year-old female who reported injury on 04/21/2013. The mechanism of injury was noted to be the patient was washing and grooming a Labrador that had been recently adopted and the patient stooped down and reached over to place a collar on the dog when the dog pulled her right arm down. The patient underwent an EMG/NCS on 06/28/2013 which revealed the patient had subclinical moderate compression of the median nerve at the carpal tunnel by electrodiagnostic criteria and there was no other evidence of entrapment neuropathy at any level in the bilateral upper extremities and the patient had a normal EMG. The patient underwent 3 MRI scans of the cervical spine, at the level of C5-6, there was a 3 mm posterior disc protrusion/extrusion with encroachment on the subarachnoid space with borderline touching of the cord. There was no myomalacia noted. There was a annular tear in relation to the posterior aspect of the disc and there was encroachment on the foramina. There was no definite compromise of the exiting nerves and there was a 2 mm disc protrusion, the facet joints were satisfactory and the disc height and signal were maintained; at C6-7, there was a Schmorl's node defect in the superior aspect of C7, there was a 2 to 3 mm posterior disc bulge with encroachment on the subarachnoid space, there was no compromise of the cord, there was encroachment of the foramina but no compromise of the exiting nerve roots and the disc height and signal were maintained. The objective findings upon the 11/08/2013 note indicated that the patient's neck pain was 10/10 and the patient was unable to turn her head. The range of motion objectively was noted to be restricted. There was a request for an ACDF of C5-7. The physical examination of 09/27/2013 revealed the patient had a positive Spurling's test. The patient's diagnoses were noted to include neck pain, right upper extremity radiculopathy, pain, numbness, and weakness and a C5-6 disc herniation. An additional diagnosis was failure to respond to nonsurgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interior cervical discectomy and fusion at C5-C7: 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), Section Fusion, anterior cervical

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Discectomy, Fusion

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation is for patients who have persistent, severe and disabling shoulder or arm symptoms, activity limitation for more than 1 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. The clinical documentation submitted for review failed to indicate the employee had electrophysiologic evidence of a lesion as it was indicated that the employee had no evidence of active cervical radiculopathy in the bilateral upper extremities. There was a lack of documentation of the conservative treatment that was received. Additionally, the MRI revealed the employee had an annular tear at the level of C5-6. There was a lack of documentation indicating the employee had moderate or severe canal narrowing as it was indicated there was no compromise on the cord and there was a lack of documented instability. Given the above, the request for an anterior cervical discectomy and fusion at C5-7 is not medically necessary.