MAXIMUS Federal Services

Case Number:	CM13-0063781		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2010
Decision Date:	04/25/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 is a 54 year old female with a date of injury of October 6, 2010. The records suggest the claimant has a history of neck and upper extremity radicular pain. The radicular complaints are reported to be worse for the left upper extremity with numbness in the ring and middle fingers of the left hand. There is no indication that the claimant has myelopathy symptoms or examination findings. Specifically the claimant is noted to have preserved bilateral upper extremity strength and the claimant is not hyperreflexic. The previous MRI was reported to show multilevel degenerative disc disease with stenosis at C5-6 from a left paracentral disc extrusion which is reportedly deforming the spinal cord on the left side. The claimant has spinal stenosis with an AP diameter of 6-7mm at the C5-6 level. Mild stenosis is noted at C6-7 with mild bilateral foraminal narrowing due to degenerative changes. An anterior cervical discectomy and fusion has been requested from C5 through C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7 ANTERIOR CERVICAL DISCECTOMY AND FUSION: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: C5-C7 anterior cervical discectomy and fusion appears reasonable. At the C5-6 level there is imaging identifying deformity of the spinal cord from a disc extrusion at that level. While it is more difficult to justify the extension at the C6-7 level, the medical records document that the claimant has complaints extending to the middle finger which would indicate C7 nerve root involvement. The MRI shows flattening of the spinal cord at the C6-7 level, though there is no mention of deformity or intrinsic abnormal signal changes to the spinal cord. It would be reasonable in this setting to decompress the C6-7 level in addition to the C5-6 level based on the claimant's focal symptoms and the magnitude of stenosis noted given the spinal cord flattening at C6-7. The claimant is not currently myelopathic. Claimants with spinal cord deformity may be at risk of developing permanent neurological sequelae and decompression would be warranted. In this setting claimants would not need to meet the typical evidence based guidelines for objective evidence of radiculopathy with motor or reflex changes. The radiological findings noted are sufficient to justify the requested surgical procedure at C5-6 and extension to C6-7, though more controversial, would be reasonable as well. The request is certified.

A SECOND OPINION WITH A SPINE SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

Decision rationale: A second opinion with another spine surgeon is not necessary, given that the C5-C7 anterior cervical discectomy and fusion is certified.