

Case Number:	CM13-0064511		
Date Assigned:	01/03/2014	Date of Injury:	12/13/1999
Decision Date:	06/20/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/11/2013

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 New York. 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 patient is a 50-year-old female who sustained a work related injury from cumulative trauma to her neck. She underwent C5-C7 fusion in April 2001. She continues to have chronic neck pain. MRI the cervical spine in May 2013 shows anterior spinal fixation plate was fusion at C5-6 and C6-7 across the disc spaces. There is grade 1-2 anterolisthesis of C7 over T1. Degenerative disc condition causes central spinal stenosis at C7-T1 and to a lesser extent at C3-4. Conservative care has included cervical epidural steroid injections. Other conservative care included a home exercise program, muscle relaxants and narcotics. The patient complains of chronic neck pain and weakness in her arms. Physical exam reveals positive Hoffmann sign. Physical exam by another provider reveals tenderness to palpation of the neck muscles. Upper extremity strength was noted to be normal and sensation in the upper extremities bilaterally was noted to be normal. Reflexes at the biceps and brachioradialis were two out of four bilaterally. Triceps reflexes were diminished bilaterally. Hoffman sign was negative on this exam. Another diagnosis given to the patient is post laminectomy pain syndrome and cervical degeneration. At issue is whether posterior cervical decompressive and fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT POSTERIOR FUSION C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS GUIDELINES, OFFICIAL

DISABILITY GUIDELINES (ODG), TREATMENT IN WORKER'S COMP 18TH EDITION,
2013 UPDATES, NECK AND UPPER BACK CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: This patient does not meet establish criteria for additional cervical spine surgery. Specifically, the physical examination does not correlate with the imaging studies. There is no documentation of radiculopathy or myelopathy on physical examination. Physical examination documented in the medical records by a different physician other than the requesting physician, does not demonstrate any evidence of myelopathy or radiculopathy. Motor and sensory exam the upper extremities are noted to be normal. In addition, reflexes in the upper extremities were within normal limits. The patient has no clinical signs or symptoms of myelopathy on this examination. In addition, there is no documented abnormal movement or instability on flexion-extension views of the cervical spine. There are no red flag indicators for spinal decompressive and fusion surgery such as progressive neurologic deficit, fracture, or tumor. Criteria for additional cervical spine surgery are not met.