

Case Number:	CM13-0065803		
Date Assigned:	01/03/2014	Date of Injury:	11/11/2011
Decision Date:	06/04/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/13/2013

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 patient is a 45 year old female who was injured on 11/11/2011 while assisting the x-ray technician with maneuvering a patient when she felt immediate pain in the neck and bilateral shoulders. Prior treatment history has included physical therapy which alleviates her pain, Norco; physiotherapy, acupuncture and chiropractic therapy. The patient underwent a facet block which provided two months of relief in March of 2013. Diagnostic studies reviewed include MRI of the cervical spine dated 12/19/2011 shows a small right paracentral disc protrusion at C5-C6, flattening the ventral cord. At C6-C7, another broad-based posterior disc osteophyte was noted. There is mild right neural foraminal narrowing at C5-C6 and moderate right neural foraminal narrowing at C6-C7. Follow-up report dated 12/04/2013 states the patient is returning with continued neck pain radiating into the upper extremities. An authorization has been received for cervical arthrodesis and the patient is scheduled for 01/28/2014. Spasm, tenderness, and guarding are noted in the paravertebral musculature of the cervical spine with decreased range of motion. There is decreased sensation noted over the C6 dermatomes bilaterally. She has difficulty with elevation of the arms. The patient is diagnosed with brachial neuritis or radiculitis and cervicgia. Orthopedic Evaluation note dated 10/17/2013 states patient has ongoing burning and pulling pain in her neck and upper back between the shoulder blades. She has pain that radiates to both upper extremities with numbness and tingling. She has frequent headaches, which she associates with her neck pain. She has difficulty sleeping and awakens with pain and discomfort. The pain level is constant. She has difficulty with daily activities. There are episodes of increased pain to her neck causing her difficulty with grooming, bathing, dressing, and household chores and driving. On examination of the cervical spine, there is spasm and tenderness over the paravertebral musculature. Reflexes are normal. Motor power testing for the cervical spine is decreased bilaterally. Sensory testing is decreased with pain

bilaterally over the C6 (lateral forearm, thumb, and index). The patient is diagnosed with cervical radiculopathy. She has had little benefit from the various interventions, which have been attempted to date. A request for authorization for two-level fusion at the C5-C6 and C6-C7 levels was made, but based on clinical judgment, the C6-C7 level is likely to fail with a one-level fusion and therefore should be avoided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY AND FUSION WITH INSTRUMENTATION C5-6 AND C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Neck and Upper Back Procedure.

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

Decision rationale: According to CA MTUS/ACOEM, "The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated". The Official Disability Guidelines state anterior fusion is recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. The medical records do not establish exhaustion of conservative and less-invasive measures. In addition, the documents do not provide clinical findings consistent with nerve root compromise, and medical records do not establish motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. Symmetrical sensory and motor strength is not consistent with neurological deficit. Furthermore, the 12/2011 cervical MRI does not demonstrate clear surgical lesion. The medical records do not establish the patient is candidate for the proposed cervical procedure. The request for anterior cervical discectomy and fusion with instrumentation c5-6 and c6-7 is not medically necessary.