

Case Number:	CM13-0071478		
Date Assigned:	01/17/2014	Date of Injury:	06/12/2002
Decision Date:	07/02/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/28/2013

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 Occupational Medicine 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:

This is a 42-year-old male patient with a 6/12/02 date of injury. 11/15/13 progress report indicates severe mechanical axial neck pain and headaches as well as the lateral arm radiculopathies, right greater than left, including pain, numbness and weakness. Physical exam demonstrates bilateral biceps weakness, opponens pollicis longus muscle weakness bilaterally. There is diminished sensation in the right C6 dermatome. Treatment to date has included physical therapy, acupuncture, medication, chiropractic care and injection therapy. 10/18/13 cervical MRI demonstrates, at C5-6, no significant central or neural foraminal stenosis. The requesting providers interpretation of this imaging study is different, and that he describes moderate foraminal stenosis at the C5-6 level. There is documentation of a previous 12/20/13 adverse determination for lack of significant imaging findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY FUSION AT C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS 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, ACDF.

Decision rationale: The Neck and Upper Back Complaints ACOEM Guidelines, criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, ODG states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. The patient presents with clinical C6 radiculopathy recalcitrant to prolonged conservative management. However, there are conflicting interpretations as to imaging findings at C5-6. The radiologist's interpretation indicates no significant central or neuroforaminal stenosis; while the requesting provider describes moderate neural foraminal narrowing. An addendum read or second opinion was not obtained to consolidate imaging findings. Therefore, the request for Anterior Cervical Discectomy Fusion at C5-C6 is not medically necessary.