

Case Number:	CM13-0071624		
Date Assigned:	01/08/2014	Date of Injury:	03/11/2005
Decision Date:	07/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Texas. 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 injured worker is a 57 year old female whose date of injury is 03/11/2005 when a box fell on her. The injured worker complains of persistent neck pain. Per a progress report dated 10/16/13, the injured worker is seen for cervical spine disc disease at C4-5, C5-6, and C6-7. Her neck pain is unchanged. She has a slight swelling in the neck, but she is able to move her neck without difficulty. Objective findings were noted as unchanged with a continuum of persistent neck pain. The diagnosis is cervical degenerative disc at C5-6 and C6-7 with no change. The injured worker was recommended to continue with physical therapy, Gabapentin, and Norco. She was recommended to undergo discectomy and fusion at C5-6 and C6-7. A utilization review determination dated 12/09/13 recommended non-certification of inpatient surgery 2-3 day stay for discectomy and fusion at levels C5-6 and C6-7. The reviewer discussed an MRI report dated 03/24/08 which was noted to reveal multilevel disc protrusion, canal or foraminal stenosis of C2-3, C3-4, C4-5, C5-6 and C6-7. An electrodiagnostic study (EMG) dated 05/04/12 was also discussed. It was noted the progress report dated 10/16/13 did not include a physical exam. It was determined that the injured worker had appropriate non-operative treatment, and with documentation on MRI of significant neuroforaminal stenosis at C5-6, decompression and fusion at this level likely is reasonable. However, the MRI does not show significant pathology at C6-7. There are electrodiagnostic studies that document C7 radicular changes, but physical examination does not support a C7 radiculopathy by motor and sensory changes as documented in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT 2-3 DAYS STAY FOR DISCECTOMY AND FUSION AT LEVELS C5-C6
AN C6-C7: Upheld**

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Hospital length of stay (LOS).

Decision rationale: Although the injured worker reportedly had a cervical MRI done 03/24/08 and an electrodiagnostic study (EMG) performed on 05/04/12, the records submitted for review did not include any recent diagnostic/imaging studies. No detailed physical examination was reported with evidence of motor, sensory or reflex changes. As noted in the ACOEM Guidelines, the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. ACOEM Guidelines further provides that discectomy and/or fusion for nonradiating pain or in the absence of evidence of nerve root compromise is not recommended. While it appears that surgical intervention may be indicated at the C5-6 level (per prior utilization review determination), the clinical information provided does not support a determination of medical necessity for a 2-level cervical discectomy and fusion. Since the surgery has not been determined as medically necessary, there is no need for inpatient stay. The request is not medically necessary and appropriate.