

Case Number:	CM14-0006397		
Date Assigned:	02/26/2014	Date of Injury:	05/23/2013
Decision Date:	07/11/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/16/2014

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, has a subspecialty in Spine Fellowship 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 45-year-old male with a 5/23/13 date of injury. He injured himself after lifting escalator steps and felt pain to his neck and shoulder. On 11/18/13, the patient had neck and arm pain. The pain had resolved with physical therapy and chiropractic care. He had increased numbness and tingling involving the left greater than the right hand. He also had progressive left biceps atrophy. Objective exam showed 4/5 biceps and triceps strength and decreased light touch over both hands. Reflexes for the bilateral biceps was 1+. A MRI of the cervical spine on 8/20/13 showed loss of normal cervical lordotic curvature and C5-6 left-sided facet degenerative changes, 3-4 mm disc bulge causing severe left neural foraminal narrowing with probable impingement on the left C6 nerve root. There is mild to moderate right neural foraminal narrowing. There is mild central canal stenosis. At C6-7 there is a 5 mm disc bulge extending into bilateral neural foramina, causing severe bilateral neural foraminal narrowing with probable impingement on the bilateral C7 nerve roots. At C3-4, there are degenerative changes resulting in mild neural foraminal narrowing. The 9/11/13 EMG report suggested left C6-C7 radiculopathy. Physical therapy notes were reviewed. On 6/24/13, it was noted that the patient was being released to full duty. On 1/20/14, it was noted that the patient continues to have left shoulder pain, for which he had a prior shoulder surgery, but the shoulder has not been addressed beyond the physical exam. Diagnostic Impression: Cervical Radiculitis, C5-7 spondylosis with foraminal stenosis. Treatment to date: medication management, chiropractic care, physical therapy. A UR decision dated 12/10/13 denied the request for ACDF at C5-7 because there is a lack of documentation of conservative care in this case. There is mention of questionable physical therapy and chiropractic care, but no mention of medications or ESIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT ANTERIOR CERVICAL DISCECTOMY FUSION C5-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166,180-183.

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.

Decision rationale: CA MTUS 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. However, this patient has a fairly recent date of injury of 5/23/13. The patient has been documented to have physical therapy and chiropractic care, and it notes that his pain almost completely resolved. In addition, there is no documentation of failure of medication management. The patient is noted to be working without restrictions. There is no documentation that he has had an epidural steroid injection. In addition, he has ongoing left shoulder pain and has had a rotator cuff injury in the past, and there is no documentation that his shoulder has not been ruled out as a source of the patient's pain. Therefore, the request for the Inpatient Anterior Cervical Discectomy and Fusion at C5-7 is not medically necessary.