

Case Number:	CM14-0006478		
Date Assigned:	02/07/2014	Date of Injury:	01/11/2007
Decision Date:	07/15/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 47-year-old female patient with a 1/11/07 date of injury. A 12/5/13 progress report indicates persistent neck pain radiating down the bilateral upper extremities. Physical exam demonstrates limited cervical range of motion, unremarkable upper extremity neurologic findings. 1/18/13 progress report indicates persistent neck pain radiating to the upper extremities. 2/7/14 cervical MRI demonstrates, at C4-5, a focal central disk protrusion indenting upon the ventral aspect of the thecal sac without abutment upon the spinal cord, causing minimal central spinal stenosis with no significant neural foraminal narrowing bilaterally. Treatment to date has included several injections to cervical spine, cervical ESIs, medication, physical therapy, and activity modification. The patient has a history of multiple neck surgeries. There are C5 through C7 intradiscal cages on plain films.

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 AT C4-5 WITH OPERATIVE SSEP MONITORING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. ODG states that intraoperative neurophysiological monitoring is utilized in attempts to minimize neurological morbidity from operative manipulations. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Imaging findings are negative for frank nerve root compromise. Therefore, the request for anterior cervical discectomy and fusion at c4-5 with operative ssep monitoring is not medically necessary.