MAXIMUS Federal Services

Case Number:	CM14-0010518		
Date Assigned:	02/21/2014	Date of Injury:	07/16/2010
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 55 year old who was injured on 07/16/2010 when a clothing rack she was pushing broke causing her to fall down. Prior treatment history has included the patient undergoing L4-S1 spinal fusion surgery complicated by an infection that had been treated with IV and oral antibiotics. The patient has had chiropractic manipulations and physiotherapy, biofeedback and cognitive behavioral therapy as well as medications. Diagnostic studies reviewed include MRI of the cervical spine dated 06/11/2012 revealing the following: 1) C4-C5 disc desiccation with normal disc height. There is a 2mm diffuse disc bulge. There is mild right greater than left neural foraminal narrowing. In addition, moderate spinal canal stenosis is seen. The anteroposterior dimension of spinal canal is measures at 10 mm. 2) C5-C6 disc desiccation with mild disc height loss. There is a 1 mm diffuse disc bulge. The neural foramina are patent. There is mild spinal canal stenosis. The facets are intact. 3) C6-C7 disc desiccation with moderate to severe disc height loss. There is a 2 mm asymmetric diffuse disc bulge with prominent right par central and right lateral component which is associated with small right sided uncovertebral osteophyte and resulting in mild to moderate right neural foramen narrowing. The left neural foramen is patent. There is mild spinal canal stenosis. The anteroposterior dimension of the spinal canal is measured 10 cm. The facets are intact. Progress notes dated 01/23/2014 documented the patient with complaints of constant moderate pain, stiffness and soreness in the neck associated with burning sensation with pain radiating to the bilateral shoulders and down the arms associated with numbness, greater on the right, aggravated with flexion, extending, bending and rotating. Pain level constant 5-6/10 and8-9/10 with daily living activities. Neck pain is associated with occipital headaches. Objective findings on examination of the cervical spine reveal straightening of the normal cervical lordotic curvature with tenderness and muscle spasm over the sub-occipital region over the paraspinal muscles bilaterally at the C2-C7 levels. Range

of motion of the cervical spine was limited and painful upon flexion, right and left rotation. Range of motion of the cervical spine was: flexion 30 degrees, extension 45 degrees, right rotation 60 degrees and left rotation 50 degrees, right lateral flexion 45 degrees and left lateral rotation 45 degrees. Cervical distraction aggravated the pain as well as cervical compression test. Shoulder depression test was positive. Coughing and/or sneezing elicited pain over the cervical spine. Both upper and lower extremities were not functionally impaired and there was no sign of gross evidence of comparative atrophy or any signs of external trauma noted. Sensation is intact to light touch and Wartenberg pinwheel in the lower extremities with area of hypoesthesia to pinwheel over the anterolateral bilateral lower legs region and hypoesthesia over the radial aspect of the right arm, right wrist and right hand. DTRs are 2+ and symmetrical except for biceps reflex 1+ on the right side and knee deep tendon reflexes 1+ on the right side. Diagnoses: Posttraumatic work related chronic cervical spine strain/sprain and Posttraumatic work related cervical radiculopathy. Treatment Plan: Despite the conservative treatment, still patient had constant pain with restriction of movements and neurological findings in her cervical spine, as well as, disc herniation C4-C5, C5-C6 and C6-C7 level with bilateral neural foraminal narrowing. After reviewing all medical records provided to me, there is no indication that the patient underwent epidural injections. Therefore, at this time, with medical reasonable probability, the patient is in need of a series of 3 epidural steroid injections, if no improvement with epidural injections, the patient will be a candidate for surgical intervention. UR report dated 12/30/2013 did not certify the request for outpatient anterior cervical discectomy and fusion C4-C5, C5-C6 and C6-C7. There is no clinical evidence of radiculopathy and no current magnetic resonance imaging of the cervical spine. The only magnetic resonance imaging report in the record is three years old. That magnetic resonance imaging did not show evidence of neural compromise. There is no evidence of spondylolisthesis, instability or fracture that would require stabilization by spinal fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ANTERIOR CERVICAL DISCECTOMY AND FUSION OF C4-C5, C5- C6 AND C6-C7: 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): 179-180.

Decision rationale: As per CA MTUS/ACOEM guidelines, 'the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated." According to the ODG, anterior cervical 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." In this case, this patient has chronic neck pain radiating down to shoulders and arms associated with numbness. On physical exam, there is documentation of tenderness and muscle spasm over paraspinous muscles bilaterally at C2-7 levels, limited and painful cervical ROM, positive cervical Distraction and Compression tests, hypoesthesia on pinwheel over radial aspect of right arm, right wrist, and right hand, and diminished 1+ right biceps reflex. Cervical MRI dated 06/11/2012 showed

multilevel disc bulges with spinal canal stenosis and neural foraminal narrowing at C4-5, C5-6, and C6-7. The conservative treatment includes medications, chiropractic treatment, and physiotherapy. However, there is no documentation that the patient has tried and failed cervical ESI which is recommended according to the ODG before considering the proposed surgery of ACDF at C4-5, C5-6, and C6-7. Thus, the request is not medically necessary and appropriate at this time.