

Case Number:	CM14-0113529		
Date Assigned:	08/01/2014	Date of Injury:	01/11/2011
Decision Date:	10/02/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 Surgeon 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 injured worker is a 51-year-old female, who reported injury on 01/11/2011. The mechanism of injury was not provided. The prior therapies included 36 visits of physical therapy, 2 epidural Steroid injections, chiropractic treatment, and ongoing pain management which included a right C5 selective nerve block and a cervical epidural Steroid injection. The surgical history was noncontributory. The injured worker was stated to be a nonsmoker. The injured worker's medications were noted to include Duexis 800/26.6 mg tablets 1 tablet 3 times a day, Lunesta 2 mg tablets 1 at bedtime, and Dilaudid 2 mg tablets 1 tablet 3 times a day. The documentation of 04/01/2014 revealed the injured worker had no limitation in the range of motion in her cervical spine. On examination of the paravertebral muscles, spasm and tenderness was noted on the right side. Tenderness was noted in the paracervical muscle and trapezius. A Spurling's maneuver produced no neck pain in the neck musculature or radicular symptoms in the arm. The triceps reflexes were 2/4 bilaterally. The brachioradialis reflexes were 1/4 bilaterally. The motor examination revealed decreased sensation along C6 on the right. The documentation of 05/09/2014 revealed the injured worker had complaints of neck and right upper extremity pain with radiating symptoms to include tingling, numbness, and clumsiness with the use of her hands and arms. The injured worker had a history of urinary leakage over the 2 years prior. The injured worker complained of numbness to her legs when she sits in a movie theater. The injured worker had ongoing neck pain. The physician documented the MRI showed a large disc herniation at C6-7 contacting and flattening the anterior aspect of the cord. The physical examination was noted to be unchanged. The documentation indicated the injured worker underwent an electrodiagnostic nerve conduction velocity testing on 03/19/2014, which revealed evidence of a mild right C7 radiculopathy. The diagnoses included cervical spine stenosis, cervical disc degeneration, and osteoarthritis. The discussion indicated the injured worker had

been treated with 36 visits of physical therapy, 2 epidural Steroid injections, chiropractic treatment, and ongoing pain management and that the MRI revealed significant disc degeneration with a height loss at C4-5 and C5-6 with mild stenosis, and the EMG revealed C7 radiculopathy. The treatment plan included a C4-5 and C5-6 anterior discectomy and fusion with iliac crest bone graft. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C5-6 Anterior Cervical Discectomy and Fusion with ICBG, Plates and Cages: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Neck & Upper Back Procedures Summary last updated 04/14/2014, Criteria for Anterior Cervical Discectomy and Fusion (ACDF).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The American College of Occupational and Environmental Medicine indicated surgical consultation may be appropriate for injured workers who have severe persistent disabling shoulder or arm symptoms with activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. Additionally, the efficacy of cervical fusion for injured workers with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review failed to provide documentation of clear clinical and electrophysiologic evidence and imaging evidence consistently indicating the same lesion. The physician documented the MRI revealed a large disc herniation at C6-7. The requested levels were C4-5 and C5-6. However, the official report for the MRI and electrodiagnostic studies were not provided for review to support the physician documentation. Given the above, the request for C4-5, C5-6 Anterior Cervical Discectomy and Fusion with ICBG, Plates and Cages is not medically necessary.

Hard Cervical Collar:

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): 179-181.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Soft Shower Collar:

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): 179-181.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

2 Days Inpatient Stay:

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): 179-181.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant Surgeon:

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): 179-181.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.