

Case Number:	CM14-0126188		
Date Assigned:	08/13/2014	Date of Injury:	06/05/2013
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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:

This 56-year-old female sustained an industrial injury on 6/5/13. Injury occurred while performing repetitive upper extremity tasks taking clothes out of boxes and hanging them up. The 8/2/13 cervical MRI documented a C5/6 disc bulge with mild spinal stenosis and bilateral uncovertebral spondylosis. There was a disc bulge at C6/7 with extrusion resulting in mild spinal stenosis and moderate left neuroforaminal narrowing. The 1/13/14 upper extremity electrodiagnostic study noted a lack of EMG findings to suggest the presence of active or chronic denervation in the bilateral cervical myotomes tested. The nerve conduction study revealed demyelination in the sensory fibers of the bilateral median nerves at the wrist. The patient underwent a left C5/6 and C6/7 epidural steroid injection on 2/5/14 with no benefit. The 5/22/14 spinal consultant report indicated the patient had completed 6 sessions of physical therapy. There were radiographic abnormalities of the cervical spine but clinically more problems were noted emanating from the left shoulder. The 6/12/14 left shoulder MRI revealed a small complete supraspinatus tear with no retraction or atrophy, partial subscapularis tear, and moderate acromioclavicular joint degenerative changes that correlated with impingement syndrome. The 7/10/14 treating physician report cited focal tenderness on the left from C5 to C7 and left upper trapezius tenderness. The patient had less tenderness at the acromioclavicular joint and subacromial bursa. There were positive Neer's and Hoffman's signs. Motor strength was intact. There was numbness and tingling in the left hand in the area of the C6 and C7 nerve roots. There was focal tenderness along the left forearm. The treatment plan recommended cervical surgery and evaluation by a shoulder specialist for left shoulder arthroscopy, rotator cuff repair, Mumford procedure and subacromial decompression. The 7/28/14 utilization review denied the cervical surgery and associated requests as the pain generators relative to shoulder pathology had not been fully addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

An Anterior Cervical Discectomy and Fusion C5-6 And C6-7 With 2 Day Inpatient Stay:
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): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment for the cervical spine had been tried and failed. There is no evidence of motor deficit or reflex changes. EMG evidence did not support cervical nerve root compression. A psychological screen for surgical clearance is not evidenced. Shoulder evaluation has not been completed to rule-out pain generators. Therefore, this request is not medically necessary

Pr-Operative Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post Operative Miami J Collar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Cervical collar, post-operative (fusion).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post Operative Bone Growth Stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Bone growth stimulators (BGS).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.