

Case Number:	CM14-0137171		
Date Assigned:	09/05/2014	Date of Injury:	06/24/2011
Decision Date:	10/03/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 is a 71-year-old female who was involved in a work-related motor vehicle accident on 06/24/11. The medical records provided for review included the office note dated 02/03/14 documenting a diagnosis of cervical spine multilevel spondylosis at C4-5 and C5-6 with neural foraminal stenosis. The claimant complained of neck pain, stiffness and spasm with decreased range of motion. A qualified medical re-evaluation dated 07/23/13 documented the MRI of the cervical spine on 09/21/11 revealed no significant changes from previous studies. She was noted to have C5-6 radiculopathy on the right per an electrodiagnostic study from 10/15/11. She complained of intermittent mild to moderate pain, increased with flexion, extension, rotation, and prolonged positions. Physical examination showed limited range of motion of the cervical spine with tenderness and spasm. This request is for a C5-6 anterior discectomy, posterior osteophytectomy, decompression of the spinal cord, intraarticular body stabilization using PEEK cage and track PEEK cage posterior spine that fusion with support from bone marrow aspirate concentrate.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 anterior discectomy, posterior osteophytectomy, decompression of the spinal cord, intra-articular body stabilization using peek cage and track peek cage posterior spinous fusion with a support from bone marrow aspirate concentrate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-181.

Decision rationale: California ACOEM Guidelines recommend that prior to considering surgical intervention for the cervical spine, there should be clear clinical, imaging, and electrophysiological 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 documented unresolved radicular symptoms after receiving conservative treatment. It is noted that the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Based on extrapolating studies on low back pain, it would also be prudent to consider a psychological evaluation of claimants prior to referral for surgical intervention. Official Disability Guidelines note many of the same criteria and in addition also recommend strict tobacco cessation for a minimum period of six weeks prior to considering surgical intervention. The documentation provided for review fails to establish that the claimant is a nonsmoker and that the claimant has had a psychological or psychiatric perioperative evaluation prior to considering surgical fusion. In the setting of posterior cervical fusion, this is currently under study and cannot be strongly recommended due to the lack of evidence from current literature supporting its medical necessity. The most recent office note available for review fails to establish that the claimant has abnormal physical exam objective findings to support the medical necessity of the requested procedure. There is a lack of recent attempted, failed, and exhausted conservative treatment to include anti-inflammatories, Tylenol, home exercise program, activity modification, formal physical therapy, injection therapy, or consideration of acupuncture prior to considering and recommending cervical fusion. There is a lack of a recent diagnostic evaluation, which should also include electrophysiological study, to corroborate pathology in the cervical spine with abnormal physical exam objective findings thus establishing medical necessity for cervical fusion. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request cannot be considered medically necessary.