

Case Number:	CM14-0139143		
Date Assigned:	09/12/2014	Date of Injury:	05/29/2008
Decision Date:	10/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 50-year-old female who reported injury on 05/29/2008. The mechanism of injury was cumulative trauma. The recent treatments were noted to include medications and acupuncture. The injured worker underwent physical therapy in 2010 and had epidural steroid injections at various cervical levels. The surgical history was noncontributory. The injured worker's medications included Neurontin, Celebrex, and trazodone. The documentation of 03/26/2014 revealed the injured worker had moderate to severe neck pain and radicular symptoms rated 7/10. The injured worker indicated pain radiated into the hand and arm with notable numbness and weakness in the C6 nerve root. The documentation indicated the physician and injured worker were waiting for an anterior cervical fusion authorization. The injured worker had night pain waking her up from sleep. The injured worker had numbness in the right arm and weakness. The injured worker had epidurals in the past which made the pain worse. The physical examination revealed a positive Spurling's to the right side. The right upper extremity strength of the FCE, FDS, and FDP to the ring and small finger was 4/5, and the interossei was 4/5. The injured worker had decreased sensation to light touch in the volar index finger and volar small finger. The physician documentation indicated the injured worker underwent an MRI on 10/29/2012 which revealed herniated nucleus pulposus at C3-6 with no significant spondylolisthesis. There was no signal change in the cord. There was a mild loss of disc height at C3-6 discs with signal changes. The diagnoses included cervical herniated nucleus pulposus with myelopathy and radiculopathy, and the treatment plan included a C3-6 anterior cervical discectomy and fusion with documented intractable neck pain and radiculopathy and neurologic deficits. The subsequent documentation of 06/16/2014 revealed the injured worker had severe neck pain, headaches, and shoulder pain with radiculitis going down the arms with numbness and pain symptoms. The physician documented the injured worker had failed all

forms of conservative therapy and wished to consider surgery. The documentation indicated the surgical request was denied. The physical examination of the cervical spine revealed decreased sensation to light touch to the volar index finger and volar small finger. The injured worker had FCU, FDS, and FDP to the ring and small finger of 4/5, and the interossei were 4/5 and the injured worker had a positive Spurling's sign. The treatment plan again continued with a request for a C3-6 anterior cervical discectomy and fusion. The documentation indicated the injured worker had EMG and NCV studies on 06/24/2009 which revealed right carpal tunnel syndrome. There was a 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:

(1) C3-C6 Anterior Cervical Discectomy and Fusion at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 8, page 179-181

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have severe persistent and disabling shoulder or arm symptoms with activity limitation for more than 1 month or with the extreme progression of symptoms. There should be 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. The clinical documentation submitted for review indicated the injured worker had decreased strength and a positive axial compression test, which would support the request for surgical intervention. The physician documented that the injured worker had right carpal tunnel syndrome. There was a lack of documentation of an official imaging report, and there was a lack of documentation of electrophysiologic evidence of a lesion to support surgical intervention for the cervical spine. There was a lack of documentation of a recent failure of conservative care. It was indicated the injured worker's last physical therapy was in 2010. Additionally, if the injured worker underwent an anterior cervical discectomy and fusion, there would be a necessity for a fusion due to iatrogenic instability caused by the discectomy. Given the above, the request for (1) C3-C6 Anterior Cervical Discectomy and Fusion at [REDACTED] is not medically necessary.

(3) Days Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hospital length of stay (LOS) guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

(1) Medical clearance with internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, page(s) 92-93

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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