

Case Number:	CM14-0144891		
Date Assigned:	09/12/2014	Date of Injury:	05/20/2013
Decision Date:	11/18/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 General 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 50 year old female complained of right sided anterior neck pain. The diagnoses as of 7/22/14, are degenerative disc disease of the cervical spine, radiculopathy cervical spine right, status post cervical fusion 12/4/13. Per occupational medicine 7/22/14, neck examination revealed AROM full and pain free with extension and near-full with flexion. There is pain with rotation to 45* and lateral bending to 30* bilaterally; mild tenderness right paraspinals answering machine along the scapular border. The upper extremities reveal 5/5 motor strength and active range of motion is full and pain free. The patient was 7.5 months status post fusion. There has been no benefit with acupuncture, pain management counseling, physical therapy, or traction. She is on an assortment of analgesics and antidepressants. It is this provider's opinion that the patient is having chronic myofascial pain. The patient would like to have a Rhizotomy. Electrodiagnostic studies 10/5/13 showed no evidence of neuropathy or of cervical radiculopathy. Pain consultant 7/8/14 recommended a multidisciplinary program, with functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7 Anterior cervical discectomy and fusion (ACDF): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Neck and upper back, Surgery; the Albert TJ, Murrell SE. Surgical management of cervical radiculopathy. J Am Acad Orthop Surg. 1999 Nov-Dec;7(6):368-76; the Department of Orthopaedics, The Rothman Institute at Thomas Jefferson University, Philadelphia, PA 19107, USA; the Alrawi MF, Khalil NM, Mitchell P, Hughes SP. The value of neurophysiological and imaging studies in predicting outcom

Decision rationale: Multiple treatment modalities have failed. The patient appears to have improved somewhat the result early on of a FRP and multidisciplinary program. Literature states, "Indications for surgery include recalcitrant radiculopathy despite non-operative treatment for more than 6 weeks and progressive motor deficit or disabling motor deficit (deltoid palsy, wrist drop) prior to 6 weeks."(2). "Patients with preoperative evidence of cervical nerve root involvement on electromyography had better outcome following discectomy and anterior fusion than patients who had no evidence of nerve root damage on electromyography (3)." It is the opinion that this is chronic myofascial pain. Surgery has already failed and MRI demonstrates cervical degenerative disc disease. The request is medically necessary.