

Case Number:	CM14-0152142		
Date Assigned:	09/22/2014	Date of Injury:	12/14/2000
Decision Date:	10/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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 Orthopaedic 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 54-year-old female school bus driver sustained an industrial injury on 12/14/00 relative to cumulative trauma. Past surgical history was positive for bilateral carpal tunnel releases. The 4/4/14 cervical spine MRI impression documented an interval progression of a left paramedian disc bulge at C5/6 which resulted in moderate left neuroforaminal stenosis. There was mild interval progression of a small disc bulge at C4/5 and C6/7, compared to the 6/10/11 study. The 6/6/14 treating physician report cited a long-standing history of neck and bilateral arm pain with intermittent treatment since 2003. The patient indicated that the situation was progressively worsening. She had had more epidural steroid injections and physical therapy in the last decade. The patient indicated that she was tired of epidural steroid injections and wanted to have something more definitive done. Subjective complaints included neck, scapular, bilateral shoulder, and bilateral arm pain radiating all the way down, right worse than left, and occipital headaches. There was numbness and tingling in the first two digits of both hands, right worse than left. Physical exam documented cervical range of motion reduced to about 50% of normal. Cranial nerve exam was normal. Cerebellar exam was normal. Upper and lower extremity muscle strength, deep tendon reflexes, and sensory appreciation were within normal limits. The diagnosis was C6 radiculopathy due to a C5/6 disc herniation. The treatment plan recommended an anterior cervical discectomy and fusion at C5/6 with cadaver bone graft and plating. The 8/26/14 utilization review denied the surgical request as there was a lack of physiologic evidence of specific nerve root or spinal cord dysfunction noted on the physical exam. There was no evidence of a clinically significant functional limitation in activities of daily living or documentation of recent conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Anterior Cervical Decompression and Fusion at the Levels of C5 - C6 with Cadaver Bone Graft and Plating: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014 Neck and Upper Back

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 radicular pain and sensory symptoms in a cervical distribution correlating with the involved cervical level or a positive Spurling test, 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 documentation of a radicular pain pattern or positive Spurling test. There is no evidence of a motor deficit or reflex change. There are no definitive imaging findings of nerve root compromise documented on the cervical MRI. Evidence of 6 to 8 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Psychological screening is not documented. Therefore, this request is not medically necessary.