

Case Number:	CM14-0154862		
Date Assigned:	09/24/2014	Date of Injury:	08/07/2011
Decision Date:	12/09/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Spine Surgery, 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 39-year-old male who reported an injury on 08/07/2011 due to an unspecified mechanism of injury. The diagnoses included cervical spine sprain/strain, cervical spine disc protrusions, cervical spine spondylosis, cervical spine vacuum disc phenomenon, upper extremity neuropathy, spasms, and headaches. The injured worker complained of moderate to severe neck pain that had become worse. The injured worker also complained of pain that radiated to the arms and hands that caused numbness, tingling, and weakness. No diagnostics were available for review. Medications included hydrocodone/acetaminophen 10 mg/325 mg, Fexmid 7.5 mg, Wellbutrin 150 mg and Protonix at 40 mg. The physical examination of the cervical spine dated 08/20/2014, revealed tenderness to palpation over the paraspinal musculature. Range of motion with flexion at 50/50 degrees and extension at 60/60 degrees. Negative Hoffman and Romberg's signs. Diminished sensation over the bilateral C6 dermatomes. The flexion/extension to the shoulders was 180/50 degrees bilaterally. Full range of motion to fingers fist/ extension bilaterally. No pain measurements were provided. The treatment plan included a C5-6 anterior cervical discectomy and fusion. The Request for Authorization dated 09/15/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter, Fusion, anterior cervical

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, Anterior cervical discectomy & fusion (ACDF)

Decision rationale: The request for C5-C6 anterior cervical discectomy and fusion is not medically necessary. The Official Disability Guidelines indicate that anterior cervical fusions are recommended as an option in combination with approved indications including the recommended criteria for cervical fusion. Criteria for Cervical Fusion - Recommended Indications should include the following. Cervical nerve root compression verified by diagnostic imaging (i.e., MRI or CT myelogram) and resulting in severe pain OR profound weakness of the extremities. (5) Spondylotic myelopathy based on clinical signs and/or symptoms (Clumsiness of hands, urinary urgency, new-onset bowel or bladder incontinence, frequent falls, hyperreflexia, Hoffmann sign, increased tone or spasticity, loss of thenar or hypothenar eminence, gait abnormality or pathologic Babinski sign) and Diagnostic imaging (i.e., MRI or CT myelogram) demonstrating spinal cord compression. Spondylotic radiculopathy or nontraumatic instability with all of the following criteria: Significant symptoms that correlate with physical exam findings AND radiologist-interpreted imaging reports. Persistent or progressive radicular pain or weakness secondary to nerve root compression or moderate to severe neck pain, despite 8 weeks conservative therapy with at least 2 of the following. Active pain management with pharmacotherapy that addresses neuropathic pain and other pain sources (e.g., an NSAID, muscle relaxant or tricyclic antidepressant). Medical management with oral steroids, facet or epidural injections. Physical therapy, documented participation in a formal, active physical therapy program as directed by a physiatrist or physical therapist, may include a home exercise program and activity modification, as appropriate. Clinically significant function limitation, resulting in inability or significantly decreased ability to perform normal, daily activities of work or at-home duties. Diagnostic imaging (i.e., MRI or CT myelogram) demonstrates cervical nerve root compression, or Diagnostic imaging by x-ray demonstrates Instability by flexion and extension x-rays; Sagittal plane translation >3mm; OR Sagittal plane translation >20% of vertebral body width; OR Relative sagittal plane angulation >11 degrees. Not recommend repeat surgery at the same level. Tobacco cessation: Because of the high risk of pseudoarthrosis, a smoker anticipating a spinal fusion should adhere to a tobacco-cessation program that results in abstinence from tobacco for at least six weeks prior to surgery. The documentation was not evident that a recent MRI had been obtained. The injured worker indicated in the clinical notes that he had been informed that that an MRI was needed, however the injured worker also stated that "his pain is well controlled with medication". The medication regimen included hydrocodone/acetaminophen. The comprehensive drug panel revealed negative findings for hydrocodone. Additionally, the objective findings did not provide focal motor deficits. As such, the request is not medically necessary.