

Case Number:	CM14-0154924		
Date Assigned:	09/24/2014	Date of Injury:	06/29/2006
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/16/2014

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 Spine Fellowship Trained 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:

According to the records made available for review, this is a 47-year-old male with a 6/29/06 date of injury, and L4-L5 transforaminal lumbar interbody fusion. At the time (8/25/14) of request for authorization for C3-C6 anterior cervical discectomy and fusion, 3 day length of stay in-patient, and preop medical clearance with internal medicine, there is documentation of subjective complaints of neck pain and radicular pain in the upper extremities. The objective findings include negative Hoffman's test and negative Spurling's maneuver. Imaging findings include reported MRI of the cervical spine (3/16/13) revealed posterior central right paracentral disc protrusion with moderate central spinal stenosis with mild indentation ventral aspect of the spinal cord and mild neural foraminal narrowing at C3-4; posterior margin of the disc and thecal sac were patent at C4-5 with mild left neural foraminal narrowing; and at C5-6 right paracentral right lateral recess disc protrusion with mild central spinal stenosis and mild neuroforaminal narrowing; report not available for review. The current diagnoses are cervical herniated nucleus pulposus. The treatments to date include medications and physical therapy. Regarding C3-C6 anterior cervical discectomy and fusion, there is no documentation of evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level; and an abnormal imaging (MRI) study with positive findings that correlate with nerve root involvement (C4-C6).

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C6 Anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. Official Disability Guidelines (ODG) identifies documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as, metabolic sources non-structural radiculopathies, and/or peripheral sources should be addressed prior to cervical surgical procedures; evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test; evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level; an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of a diagnosis of cervical herniated nucleus pulposus. In addition, there is documentation of failure of at least a 6-8 week trial of conservative care (medications and physical therapy). However, despite documentation of subjective complaints of neck pain and radicular pain in the upper extremities, and given documentation of objective findings of negative Hoffman's test and negative Spurling's maneuver, there is no documentation of evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level. In addition, despite documentation of imaging, there is no documentation of an abnormal imaging (MRI) study with positive findings that correlate with nerve root involvement (C4-C6). Therefore, based on guidelines and a review of the evidence, the request for C3-C6 Anterior cervical discectomy and fusion is not medically necessary.

3 day length of stay in-patient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op medical clearance with internal medicine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.