

Case Number:	CM14-0162231		
Date Assigned:	10/07/2014	Date of Injury:	11/30/2006
Decision Date:	11/19/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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 47-year-old female who reported injury on 11/30/2006 due to an unspecified mechanism of injury. The injured worker complained of neck pain with numbness in the left hand and lower back. The injured worker had diagnoses of chronic cervicgia with exacerbation, recurrent severe left lower back pain, and numbness in the left foot. Prior surgeries included a status post cervical spinal surgery dated 08/2008. Prior treatments included epidural steroid injections, medication, and physical therapy. The medications included Fentanyl patch, MSIR 15 mg, Meloxicam 15 mg, Trazodone 50 mg, and Norco 10/325 mg, with a rated pain of 8/10 using the Visual Analog Scale (VAS). The diagnostic testing included an MRI of the cervical spine dated 02/05/2010 that demonstrated a C6-7, 3 mm central to left paracentral disc osteophyte complex affecting the central CSF space causing mild anterior indentation of the left anterior cord contour and mild bilateral neural foraminal stenosis; C7-T1 two mm left paracentral disc osteophyte complex; and a C5-6 two mm central disc osteophyte complex. The physical examination dated 08/08/2014 of the cervical spine revealed antalgic gait, palpation to the cervical paraspinal muscles produced mild tenderness in the lower cervical area bilaterally, and palpation of the upper trapezium muscle produced mild tenderness on the right. Muscle strength of the upper and lower extremities was 5/5 bilaterally. Sensation with decreased pinprick to the right medial forearm and right medial hand, and in the left first web space and lateral foot was noted. Spurling's test was negative on the left. Discogenic stress maneuvers were pain provoking, Patrick's maneuver was negative bilaterally. The treatment plan included a cervical decompression and fusion at the C5-6 and C6-7. The Request for Authorization dated 10/07/2014 was submitted with documentation. The rationale for the anterior cervical decompression and fusion C5-6 and C6-7 was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Decompression and Fusion C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 179-181.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The request for anterior cervical decompression and fusion C5-6, C6-7 is not medically necessary. The California MTUS/ACEOM Guidelines state that if surgery is a consideration, then counseling and discussion should be considered. Per the guidelines, a psychological evaluation should also be considered prior to referring the injured worker for surgery. The injured worker has had radicular pain that remains unresolved along with conservative treatment. The MRI revealed a small paracentral herniation at the C5-6 level that extended into the left foramen affecting the left anterior aspect of the thecal. Along with a small herniation at the C6-7 level that caused slight compression of the thecal sac showing a displacement of the spinal cord, extending into the right foramen that affects the C7 root. However, the clinical documentation did not provide any indication of instability. ACOEM does not support cervical fusion in the absence of instability. Additionally, the documentation was not evident that the injured worker has had a psychological evaluation. As such, the request for anterior cervical decompression and fusion C5-6 & C6-7 is not medically necessary.