

Case Number:	CM14-0163254		
Date Assigned:	10/08/2014	Date of Injury:	08/16/2000
Decision Date:	12/02/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 58-year-old male who reported an injury on 08/16/2000 while working for a transportation company. His job included unloading boxes a box felon him. He tried to run away, and he bumped his knee into a cart that he was using to unload. He was knocked down by a box, causing injuries to the lumbar spine, cervical spine, bilateral knees, bilateral shoulders, left thigh, and head. The injured worker complained of spinal pain that radiated to the shoulders and arms, left shoulder pain, bilateral wrist and hand pain, low back pain, with radiating pain in the bilateral lower extremities. The diagnoses included lumbar sprain/strain, herniated lumbar disc at the L2, L3, L3-4, and L4-5, left knee sprain/strain, rule out internal derangement, right knee sprain/strain, and left foot sprain/strain. Medications included Ambien 10 mg, Xanax 0.5 mg, and Seroquel 25 mg. The MRI dated 11/26/2003 revealed degenerative type disc desiccation of the visible cervical disc. At the C4-5 level, there was decreased signal intensity of the disc, compatible with degenerative type disc desiccation, with no central canal for neural foraminal stenosis noted. At the C5-6 level, there was decreased signal intensity of the disc compatible with degenerative type disc desiccation. There was also evidence of a broad based right parasagittal and right neural foraminal 2 to 3 mm disc protrusion, with secondary narrowing of the right neural foramen and anterior lateral recess demonstrated. At the C6-7 level, there was decreased signal intensity of the disc, compatible with degenerative type disc desiccation. No disc protrusion was demonstrated. No central canal stenosis was seen. There was evidence of mild right neural foraminal narrowing secondary to uncovertebral hypertrophy. The objective findings dated 08/27/2014 revealed the cervical spine with a range of motion at forward flexion of 30 degrees, extension of 40 degrees, rotation of 40 degrees bilaterally, and bending at 15 degrees bilaterally, with a positive foraminal compression test. The EMG revealed abnormal presence of denervation potentials in the left anterior tibialis muscle. The EMG / nerve

conduction velocity study performed on 12/10/2003 revealed abnormal mild slowing of the sensory branch of the medial nerve to the carpal tunnels bilaterally. Past treatments included physical therapy, additional physical therapy, chiropractic therapy, TENS unit, hot/cold contrast unit, and medications. No medications were noted. The treatment plan included anterior cervical discectomy and fusion at levels C4 through C7. The Request for Authorization, dated 10/03/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at levels C4-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, anterior cervical.

Decision rationale: The request for an anterior cervical discectomy and fusion at levels C4-C7 is not medically necessary. The California MTUS/ACOEM Guidelines indicate that the criteria for surgical intervention include a clear clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term and unresolved radicular symptoms after receiving conservative treatment. Efficacy of cervical fusions for the injured worker with chronic cervical pain without instability has not been demonstrated. It would be prudent to consider a psychological evaluation of the injured worker prior to referral for surgery. The Official Disability Guidelines state anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy, although current evidence is conflicting about the benefit of fusion in general. There is a lack of documentation regarding the completion of a psychological evaluation. The clinical notes indicated that an MRI was performed in 2003. However, there is no official updated MRI that was provided for review. Furthermore, the clinical documentation for the objective findings did not indicate neurological deficits. As such, the request is not medically necessary.