

Case Number:	CM14-0163628		
Date Assigned:	11/03/2014	Date of Injury:	04/18/2014
Decision Date:	12/12/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 is a 50 year old female with a 4/18/14 injury date. A display fell into her, knocking her unconscious. In a 5/9/14 initial ortho eval, subjective complaints included headaches, dizziness, neck pain, and radiating pain that increases with lifting, pulling, pushing, turning, and twisting. Objective findings included tenderness at C6, C7, T1, and T2, slightly reduced cervical range of motion, hypesthesia along the C6 dermatome bilaterally, weakness of the biceps and triceps bilaterally, and diminished biceps reflex bilaterally. The remaining follow-up notes are handwritten and very brief, with a subjective complaint of neck pain, and objective findings of weakness and reduced range of motion. A 7/14/14 cervical MRI showed multilevel, diffuse disc herniation and canal stenosis at C3-4, C4-5, C5-6, and C6-7. At C3-4, there is deviation of the left C4 exiting nerve roots. At C4-5, there is deviation of the bilateral C5 exiting nerve roots. At C5-6, there is deformity of the left and deviation of the right C6 exiting nerve roots. At C6-7, there is deviation of the bilateral C7 exiting nerve roots. Diagnostic impression: cervical spondylosis, cervical radiculopathy, and cervical stenosis. Treatment to date includes physical therapy, and medications. A UR decision on 9/16/14 denied the request for cervical fusion C4-5, C5-6 on the basis that there was no office note available. Treatment to date: physical therapy, medications. A UR decision on 9/16/14 denied the request for cervical fusion C4-5, C5-6 on the basis that there was no office note available from the proposed surgeon, [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical fusion C4, 5, C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Fusion, Anterior Cervical

Decision rationale: CA MTUS criteria for cervical decompression include 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. In addition, Official Disability Guidelines (ODG) states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. However, in this case there is very limited documentation of pertinent physical exam findings. Given the pathology noted on the MRI, there is the potential for positive physical exam findings of motor, reflex, and sensory disturbances at multiple levels. There is also the possibility that the pathology is not associated with any positive exam findings. However, there is only brief mention of "weakness" in the follow-up notes, and no reflex or sensory exam was documented. The initial consult note was more specific, showing, bilateral biceps weakness, but there was no grading of the strength. Overall, there is very little correlation of the exam findings with the imaging findings. In addition, there is no note available from the proposed surgeon. Therefore, the request for cervical fusion C4-5, C5-6 is not medically necessary.