

Case Number:	CM14-0168268		
Date Assigned:	10/15/2014	Date of Injury:	10/02/2013
Decision Date:	12/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 58 year-old male with a 10/2/13 date of injury. The patient was most recently seen on 8/27/14 with complaints of pain in the right neck and upper back that radiate to the right elbow, as well as pain in the left hand, with intermittent numbness of the left 4th/5th fingers. Epidural steroid injections x 3 were ineffective, and he was continuing physical therapy with only temporary relief. An MRI reportedly showed herniation at levels C4-5, C5-6, and C6-7. An EMG/NCV was completed, but was not included in the records provided. According to the UR review dated 10/2/14, it failed to confirm the dermatomal level of symptoms. Exam findings revealed tenderness of the lower cervical and bilateral levator muscles. Cervical range of motion was adequate in rotation, and the patient was able to lift his arms overhead. Neurological exam revealed no sensory deficits in the hands, and grip strength was full. Deep tendon reflexes were 2/4 in the upper extremities. No motor examination was documented. The patient's diagnoses included cervical radiculopathy. The medications included: Flexeril, Gabapentin. Significant Diagnostic Tests: MRI, EMG/NCV. Treatment to date: medication, physical therapy, epidural steroid injections times 3. An adverse determination was received on 10/3/14 due to an absence of objective radicular exam findings or EMG/NCV showing the dermatomal level of symptoms. Moreover, the MRI shows diffuse discogenic disease with herniation's at 3 separate levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery C6-C7 ACDF vs artificial disc /denied by physician advisor: 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).

Decision rationale: CA MTUS states that surgical consultation/intervention is indicated for patients who have: 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. ODG states that cervical Disc Prosthesis is under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine. While comparative studies with anterior cervical fusion yield similar results, the expectation of a decrease in adjacent segment disease development in long-term studies remains in question. There is an additional problem with the long-term implications of development of heterotopic ossification. Additional studies are required to allow for a 'recommended' status. This patient has been under care for chronic radicular pain of 1 year's duration. Pain radiates from neck to elbow on the right, and there is pain and intermittent numbness in the 4th/5th fingers on the left. There is no documentation of muscle atrophy in the upper extremities or hands, and no comprehensive motor examination was included. The MRI report was not provided, but it reportedly showed diffuse degenerative disc disease, with herniation at C4-5 and C5-6, in addition to the requested level C6-7. Electrodiagnostic studies, which also were not available for review, reportedly failed to isolate the dermatomal level of symptoms. It is clear that this patient is suffering from radicular pain that has failed to respond to the conservative measures employed, including a series of 3 ESIs, for which the specific levels injected were not documented. However, there are inadequate objective neurological deficits present to justify C6-7 disc replacement surgery, and only non-specific imaging and electrodiagnostic support. Therefore, the request for Spine Surgery C6-7 ACDF vs. artificial disc is not medically necessary.