

Case Number:	CM14-0171247		
Date Assigned:	10/23/2014	Date of Injury:	09/06/2013
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic Spine Surgery 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 49-year-old male who reported an injury on 09/06/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included status post right shoulder arthroscopy with partial improvement and cervical radiculopathy. The previous treatments included medication and physical therapy. Diagnostic testing included an MRI of the cervical spine. The medication regimen included hydrocodone, orphenadrine, levothyroxine, simvastatin, and Gemfibrozil. Within the clinical note dated 08/25/2014, it was reported that the injured worker complained of right shoulder pain. He reported the pain was constant and sharp extending into the neck and down the right arm and into the right hand with numbness and tingling. The pain increases with forward and overhead reaching. Upon the physical examination, the provider noted the injured worker's cervical spine had tenderness to palpation over the right paracervical region and right trapezius. Cervical flexion was noted to be 50 degrees and extension 60 degrees. The sensory examination via pinprick did not reveal any areas of hypesthesia. The motor power in selectively tested muscles revealed no gross weakness. An MRI dated 08/13/2014 revealed C6-7 posterior annular tears seen within intervertebral disc; 2 to 3 mm posterior disc bulge; and uncovertebral osteophyte formation resulting in mild to moderate right and mild to moderate severe left neural foraminal narrowing. A request was submitted for associated surgical service for anterior cervical discectomy and fusion at C6-7. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

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 C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 19th Edition, Neck Chapter, Fusion, Anterior Cervical , Criteria for Cervical Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation (ODG), Neck & Upper Back, Discectomy-Laminectomy-Laminoplasty & Fusion, Anterior Cervical

Decision rationale: The request for Anterior Cervical Discectomy and Fusion at C6-C7 is not medically necessary. The California MTUS/ACOEM Guidelines state surgical consultation is "indicated when patients have persistent, severe, and disabling shoulder or arm symptoms; activity limitations for more than 1 month with extreme progression of symptoms; clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesions have been shown to benefit from surgical repair in both the short and long term; resolved radicular symptoms after receiving conservative treatment; received cervical fusion for patients with chronic cervical pain without instability has not been demonstrated." In addition, the Official Disability Guidelines note discectomy is recommended if there is evidence of radicular pain and sensory symptoms in a cervical distribution that correlates with the involved cervical level or presence of positive Spurling's test; the evidence of motor deficit or reflex changes with a positive EMG finding to correlate with the cervical level; abnormal imaging studies, a CT myelogram, or MRI study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings; and there must evidence that the patient has received and failed in at least 6 to 8 weeks of conservative care. The clinical documentation submitted lacked significant neurological deficits to corroborate the diagnosis warranting the medical necessity for the request. There was no indication of decreased sensation or motor strength of the cervical spine. The imaging documentation submitted did not indicate the injured worker had spinal instability or nerve root compression. There is lack of objective findings of clumsiness of hands or urinary urgency. Therefore, the request for Anterior Cervical Discectomy and Fusion at C6-C7 is not medically necessary.