

Case Number:	CM14-0175750		
Date Assigned:	10/28/2014	Date of Injury:	10/01/2008
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Spine Fellowship, 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:

According to the records made available for review, this is a 50-year-old female with a 10/1/08 date of injury, and status post right shoulder arthroscopy 8/5/11. At the time (10/14/14) of request for authorization for cervical discectomy fusion C4-5, C5-6, there is documentation of subjective (pain, numbness, tingling, and progressive loss of strength and dexterity in both hands; increasing pain in the neck, right shoulder pain, wrist/hand numbness, tingling, and weakness) and objective (paracervical tenderness, decrease in strength in the right shoulder muscle girdle with abduction and flexion, loss of distal muscle group strength present in the upper and lower extremities including the intrinsic of the hands, sensation attenuated in the median innervated digits of the right hand, Spurling associated with discomfort that radiates into the upper back but not into the upper extremities, positive Tinel's, Phalen's and Durkan signs, Hawkins signs positive; cervical spine tenderness, diminished range of motion, positive foraminal compression test, diminished grip strength right greater than left, diminished sensation in the C5 and C6 dermatomes, diminished biceps and brachioradialis reflexes) findings, imaging findings (cervical spine MRI (8/29/14) report revealed C4-5 diffuse disc protrusion effacing the thecal sac, narrowing of the left neural foramen that effaces the left C5 exiting nerve root; C5-6 diffuse disc protrusion effacing the thecal sac, bilateral neuroforaminal narrowing that effaces the left and right C6 exiting nerve roots; (6/17/14) electrodiagnostic study report revealed chronic C5-6 radiculopathy without acute denervation, moderate right carpal tunnel syndrome), current diagnoses (bilateral carpal tunnel syndrome, cervical disc disease and disc protrusions at C3-4, C4-5, and C5-6 levels with radiculopathy), and treatment to date (medications, activity modification, and wrist splinting). 9/15/14 medical report identifies a request for surgery for carpal tunnel syndrome. There is no documentation that peripheral sources (carpal tunnel syndrome) have been addressed prior to any cervical surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical discectomy fusion C4-5, C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of 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, as criteria necessary to support the medical necessity of cervical decompression. ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. In addition, ODG identifies documentation that peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, cervical disc disease and disc protrusions at C3-4, C4-5, and C5-6 levels with radiculopathy. In addition, there is documentation of 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. However, given documentation of a diagnosis of carpal tunnel syndrome and a 9/15/14 medical report identifying a request for surgery for carpal tunnel syndrome, there is no documentation that peripheral sources (carpal tunnel syndrome) have been addressed prior to any cervical surgical procedure. Therefore, based on guidelines and a review of the evidence, the request for cervical discectomy fusion C4-5, C5-6 is not medically necessary.