

Case Number:	CM14-0185897		
Date Assigned:	11/13/2014	Date of Injury:	12/18/2008
Decision Date:	12/22/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/07/2014

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 53-year-old male who reported an injury on 12/18/2008. The mechanism of injury occurred when the injured worker was working on a house, pulling out a wire to attach it from an underground box, when the snow and ice slid off of a roof, hitting him in the head and knocking him down. Medications included Ambien 10 mg, Celebrex 200 mg, Cymbalta 60 mg, Norco, trazodone, Zantac, gabapentin, and Ramipril. The surgical history was noted to include epidural steroid injections and physical therapy. The injured worker was noted to be a current smoker. Other surgeries included manipulation of the left shoulder under anesthesia and a resection of the glenoid labrum of the left shoulder. The documentation of 03/12/2014 revealed the injured worker had an MRI and had current complaints of pain in the neck with radiation into the left upper extremity with associated headaches. The physical examination revealed that the injured worker had evidence of tenderness over the paracervical muscles. There was no tenderness at the base of the neck. Sensation was intact to the bilateral upper extremities. The motor strength was within normal limits. The injured worker had tenderness over the trapezius musculature bilaterally and over the intrascapular space. The diagnoses included C4-5 and C5-6 stenosis. The documentation indicated the injured worker would like to pursue a C4 through C6 anterior discectomy and fusion that was previously recommended. The documentation indicated the injured worker had left upper extremity radicular symptoms with evidence of stenosis on MRI and a positive EMG, with 4/5 motor strength of the left biceps and a failure of conservative care. The subsequent documentation of 09/29/2014 revealed the injured worker had been approved for an EMG study of the left upper extremity, which was denied for a nerve conduction velocity. The injured worker continued to complain of ongoing daily and constant neck pain with radiating pain extending to the left shoulder and down the left upper extremity, primarily in a C5, C6, and C7 dermatomal distribution rated at 9/10 without the use of medications. The physical

examination revealed no evidence of tilt or torticollis. There was tenderness to palpation in the cervical paravertebral musculature across the left trapezius. The injured worker had hypersensitivity over the left C6 dermatomal distribution. The injured worker had decreased range of motion, with pain. The treatment plan included a C4-5 and C5-6 anterior cervical discectomy and fusion, as well as an EMG/NCV of the bilateral upper extremities. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C6 Anterior Cervical Discectomy and Fusion: 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): 179-181.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review indicated that the injured worker had failed conservative care. However, there was a lack of documentation of the specific conservative care that was participated in. Additionally, there was a lack of documentation of official imaging studies and electrophysiologic evidence to support the necessity for surgical intervention. The physical examination failed to provide clear clinical evidence to support the requested surgery. Given the above, the request for C4-C6 Anterior Cervical Discectomy and Fusion are not medically necessary.