

Case Number:	CM14-0026238		
Date Assigned:	06/13/2014	Date of Injury:	04/12/2002
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 56-year-old male who reported an injury on 04/12/2002. The mechanism of injury was not specifically stated. The current diagnosis is cervical postoperative heterotropic ossification with impingement in the spinal cord. The injured worker was evaluated on 02/18/2014. The injured worker reported persistent cervical and lumbar spine pain with radicular symptoms. Physical examination of the cervical spine revealed limited range of motion, mild tenderness to palpation, negative instability or subluxation, decreased strength in the bilateral upper extremities, and decreased sensation to light touch and pinprick throughout the upper extremities at C5 through C8. Treatment recommendations at that time included authorization for an anterior cervical discectomy and fusion at C5-6, C6-7, and removal of C5-6 plate. It is noted that the injured worker underwent a CT scan of the cervical spine on 02/11/2014, which indicated a prior anterior cervical fusion at C5-6, intact fusion without loosening or displacement, a small disc protrusion at C3-4, disc protrusion at C4-5, neural foraminal narrowing at C6-7, osteophytes with neural foraminal narrowing at C7-T1, and neural foraminal narrowing at T1-2.

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 C5-6, C6-7 AND REMOVAL OF C5-6 PLATE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines state a referral for a surgical consultation is indicated for patients who have persistent and severe disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear, clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular complaints after receiving conservative treatment. The Official Disability Guidelines state prior to a discectomy, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level, or the presence of a positive Spurling's test. There should be evidence of motor deficit or reflex changes, or positive Electromyography (EMG) findings. There must also be an exclusion of possible etiologies such as metabolic source, nonstructural radiculopathy, and peripheral sources. There should also be evidence that the patient has received and failed at least a 6 to 8 week trial of conservative care. As per the documentation submitted, the injured worker's physical examination does reveal limited range of motion of the cervical spine with weakness in the upper extremities and decreased sensation. However, there is no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. There were no electrodiagnostic reports submitted for review. There is no indication of the presence of spinal instability. The Official Disability Guidelines recommend anterior cervical fusion as an option in combination with an anterior cervical discectomy for approved conditions only. Based on the clinical information received, the request is not medically necessary and appropriate.