MAXIMUS Federal Services

Case Number:	CM14-0028656		
Date Assigned:	06/16/2014	Date of Injury:	06/01/2009
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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:

The patient is a 51-year-old female who was injured on 6/1/2009. The mechanism of injury is unknown.The past medical history has included right shoulder arthroscopy with synovectomy, labrum debridement, and subacromial decompression on 9/12/2013, physical therapy, medications, and injections.Prior UR determination dated 2/11/2014 recommended that the request for C4-C6 anterior cervical discectomy and fusion be not approved. The review report documented that the clinical evaluation did not correlate with it imaging studies, and that the panel QME recommended only conservative treatment care for treatment of the cervical spine. Therefore, the request was not supported as medically necessary, it was not approved.Cervical spine MRI dated 1/04/2014 provided the following impressions: 1.Spondylotic change, as described above. (Per findings: Mild spondylosis is seen within the cervical spine.)2.C4-5: 2-3 mm posterior disc bulge resulting in moderate right and moderate to severe left neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. Bilateral exiting nerve root compression is seen.3.C5-6: 3-4 mm posterior disc bulge resulting in moderate right and moderate to severe left neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. Bilateral exiting nerve root compromise is seen.4.C6-7: posterior annular tear is seen within the intervertebral disc. 2-3 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. Spine/orthopedic evaluation and Request for spine orthopedic surgery authorization report, dated 1/24/2014, the patient presents four months following right shoulder arthroscopy. She reports that she still has 8/10 pain, as it was preoperatively. Physical examination of the cervical spine documents tenderness over the paraspinal musculature, normal cervical range of motion, and no tenderness to palpation over the spinous processes, and negative Hoffman and Romberg signs. Range of motion is normal except for limited range of motion of the right shoulder flexion and abduction. Strength is 5/5 throughout the bilateral upper

extremities, sensation is diminished over the right C6 dermatome, and reflexes are 2+ in biceps, triceps, and brachioradialis.Spine Reevaluation and Appeal Request for Spine Surgery Authorization report, dated 3/7/2014, documents the patient presents for follow-up evaluation. According to the report, she returns with the same complaints of neck pain radiating to arms. Physical examination documents limited flexion and abduction of the right shoulder, 5/5 motor strength of the bilateral upper extremities, diminished sensation of the right C6 dermatome, and 2+ reflexes of the biceps, triceps, and brachioradialis. The physician states the patient has C4 through C6 disc herniation, refractory to conservative treatment.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

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, Fusion, anterior cervical.

Decision rationale: According to CA MTUS/ACOEM, "The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated". The Official Disability Guidelines state anterior fusion is recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. The medical records do not establish this patient is a candidate for cervical fusion. According to the treating surgeon's report, the patient's pain complaints have been refractory to conservative care, however, the medical records do not detail the extent of conservative interventions directed to this cervical complaint. It would appear that the past conservative measures were directed to address the right shoulder complaint. In addition, the medical records do not establish the patient has had active pain management with pharmacotherapy that addresses neuropathic pain and other pain sources. In addition, the medical records do not reveal significant symptoms that correlate with physical exam findings and radiologist-interpreted imaging reports. The patient has diminished sensation in the bilateral C6 dermatomes, which is a symmetrical impression. Furthermore, the patient does not have clinically significant function limitation, resulting in inability or significantly decreased ability to perform normal, daily activities of work or at-home duties. The medical records do not establish this patient is a candidate for the proposed surgery.