

Case Number:	CM14-0030485		
Date Assigned:	06/20/2014	Date of Injury:	08/12/2012
Decision Date:	07/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 Fellowship trained Spine 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 injured worker is a 50-year-old female who reported an injury on 08/12/2012. The mechanism of injury was the injured worker tried to catch a patient that was falling out of a wheelchair. Prior treatments included physical therapy and right shoulder surgery. The injured worker had an MRI of the cervical spine, per physician documentation, on 07/12/2013 which revealed at the level of C5-6, there was a central 6.2 mm bilateral recess, left greater than right moderate bilateral foraminal stenosis secondary to broad-based 1.5 mm central bilateral uncovertebral spur disc protrusion complex more so on the left and at the level of C6-7 there was a central 7.8 mm mild left lateral recess, moderate bilateral foraminal stenosis secondary to 2 mm to 3 mm broad-based left paracentral disc protrusion/extrusion, uncovertebral spur complex, and bilateral uncovertebral spurring. The PR-2 dated 11/01/2013 revealed the injured worker complained of increased pain to her neck, shoulders, and back. It was indicated the request for authorization for the cervical discectomy and fusion surgery was not granted. The injured worker had diminished pinprick in the thumbs. The injured worker had a positive Phalen's test on the right and negative on the left. The treatment plan included a C5-6 and C6-7 ACDF using cadaver bone grafting and plating. The injured worker underwent an EMG/NCV on 01/14/2014 which revealed the injured worker had electrophysiologic evidence for right C5-6 cervical radiculopathy. The documentation of 01/13/2014 was from a neurosurgeon recommending the injured worker have the requested surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient C5-6; C6-7 Anterior Cervical Discectomy and Fusion Using Cadaver Bone Graft Plating: 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): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy/Laminectomy, Fusion, anterior cervical.

Decision rationale: The ACOEM Guidelines indicate surgery is appropriate if the injured worker has persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 months, or has extreme progression of symptoms and has clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short-term and long-term, as well as unresolved radicular symptoms after receiving conservative treatment. Additionally, they indicate that cervical nerve root decompression may be accomplished with a cervical laminectomy or disc excision with nerve root decompression and they indicate the efficacy of cervical fusion for patients with chronic cervical pain without instability was not demonstrated. However, there was a lack of documentation of specific criteria for the requested procedure. As such, secondary guidelines were sought. The Official Disability Guidelines indicate for laminectomy there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlates with the involved cervical level or the presence of a positive Spurling's sign. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. Additionally, there should be documentation of an abnormal imaging study showing positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. There should be documentation that the etiologies of pain such as metabolic sources, non-structural radiculopathies, and/or peripheral sources have been addressed prior to surgical intervention and there must be evidence the patient has received and failed at least a 6 to 8 weeks' trial of conservative care. The clinical documentation submitted for review indicated the physical examination revealed the injured worker had radiating pain from the cervical spine down to the lumbar spine. The objective findings revealed no radicular pain with cervical movement and no Lhermitte's phenomenon. The neurologic examination was within normal limits with the exception of diminished pinprick in the thumbs. The injured worker had a positive Phalen's test on the right. The patient had objective findings at the level of C5-C6. The MRI of 07/12/2013 revealed central canal stenosis at C5-6 and at C6-7 there was central canal stenosis as well. The MRI was not provided for review. The request for outpatient C5-6 and C6-7 anterior cervical discectomy would not be supported. The Official Disability Guidelines indicate an anterior cervical fusion is recommended as an option in combination with an anterior cervical discectomy for approved indications. As the requested discectomy was found to be not medically necessary, the request for the fusion would not be medically necessary. Given the above, the request for outpatient C5-6; C6-7 anterior cervical discectomy and fusion using cadaver bone graft plating is not medically necessary.

Consultation to Neurosurgeon: 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 rationale: The ACOEM Guidelines indicate a referral for surgical consultation is appropriate for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitations for more than 1 month, or with extreme progression of symptoms; there should be clear clinical progression of symptoms. There should be clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short-term and long-term and there should be unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review failed to provide documentation of activity limitations for more than 1 month with extreme progression of symptoms and failed to indicate prior conservative treatment. A neurosurgical consultation took place on 01/13/2014 and there was a lack of documentation indicating whether the request was for the consultation of that date or another consultation date. Given the above, and not enough clarity, the request for consultation to neurosurgeon is not medically necessary.