

Case Number:	CM14-0041113		
Date Assigned:	06/30/2014	Date of Injury:	10/01/2009
Decision Date:	11/20/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/08/2014

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 (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 55-year-old male with a 10/1/09 date of injury. At the time (3/13/14) of request for authorization for Consultation/Follow Up re: cervical Spine and C2-T2 (Cervical 2-Thoracic 2) Anterior Posterior fusion, there is documentation of subjective (radiating neck pain to the shoulders) and objective (pain to palpitation over the cervical and lumbar spine, intact sensation, and normal motor strength) findings, imaging findings (Reported CT scan of the cervical spine (unspecified date) revealed mild to moderate facet arthrosis on the right side at C2-C3 and C3-C4; there is substantial collapse at C4-C5; and some left neural foraminal narrowing at C4-C5; report not available for review), current diagnoses (cervical intervertebral disc degeneration and lumbar sprain/strain) and treatment to date (medial branch blocks and medications). Regarding Consultation/Follow Up re: cervical Spine and C2-T2 (Cervical 2-Thoracic 2) Anterior Posterior fusion, there is no documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitations due to radiating neck pain for more than one month or with extreme progression of symptoms; unresolved radicular symptoms after receiving additional conservative treatment (physical modalities; and an imaging report consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation/Follow Up re: Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

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

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, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of cervical intervertebral disc degeneration and lumbar sprain/strain. In addition, there is documentation of failure of conservative treatment (medications) to resolve symptoms. However, despite documentation of subjective (radiating neck pain to the shoulders) and objective (tenderness to palpation over the cervical spine) findings, there is no documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitations due to radiating neck pain for more than one month or with extreme progression of symptoms; and unresolved radicular symptoms after receiving additional conservative treatment (physical modalities). In addition, despite documentation of the medical reports' reported imaging findings (CT scan of the cervical spine identifying mild to moderate facet arthrosis on the right side at C2-C3 and C3-C4; there is substantial collapse at C4-C5; and some left neural foraminal narrowing at C4-C5), there is no documentation of an imaging report consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term. Therefore, based on guidelines and a review of the evidence, the request for Consultation/Follow Up re: cervical Spine is not medically necessary.

C2-T2 (Cervical 2-Thoracic 2) Anterior Posterior Cervical fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180 and 183.

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 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. Within the medical information available for review, there is documentation of diagnoses of cervical intervertebral disc degeneration and lumbar sprain/strain. In addition, there is documentation of failure of

conservative treatment (medications) to resolve symptoms. However, despite documentation of subjective (radiating neck pain to the shoulders) and objective (tenderness to palpitation over the cervical spine) findings, there is no documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitations due to radiating neck pain for more than one month or with extreme progression of symptoms; and unresolved radicular symptoms after receiving additional conservative treatment (physical modalities). In addition, despite documentation of the medical reports' reported imaging findings (CT scan of the cervical spine identifying mild to moderate facet arthrosis on the right side at C2-C3 and C3-C4; there is substantial collapse at C4-C5; and some left neural foraminal narrowing at C4-C5), there is no documentation of an imaging report consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term. Therefore, based on guidelines and a review of the evidence, the request for C2-T2 (Cervical 2-Thoracic 2) Anterior Posterior fusion is not medically necessary.