MAXIMUS Federal Services

Case Number:	CM14-0057693		
Date Assigned:	07/09/2014	Date of Injury:	07/05/2013
Decision Date:	09/03/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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 patient is a 50-year-old male who has submitted a claim for cervical spondylosis associated with an industrial injury date of 07/05/2013.Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain and low back pain for 7-10 years. He describes having neck pain and right arm pain with numbness. He also gets bilateral shoulder pain. Physical examination showed that the patient was in no acute distress and oriented time 4. The patient's gait was normal. DTRs were normal. Motor testing was normal. Sensation was intact globally. MRI of the cervical spine, dated 01/13/2014, showed a 5-6 mm broad based disc bulge causing mild to moderate right lateral recess narrowing and mild to moderate right neural foraminal stenosis, and mild central canal stenosis measuring 9 mm AP at the level of C5-C6; and a 6 mm broad based disc bulge causing mild to moderate bilateral neural foraminal stenosis and mild to moderate central canal stenosis measuring 8 mm AP at the level of C6-C7.Treatment to date has included medication, 18 physical therapy sessions, TENS, epidural steroid injection and sacroiliac injections.Utilization review, dated 04/02/2014, denied the request for C5-C6, C6-C7 anterior cervical discectomy and fusion because neurologic examination showed no focal deficits, and evidence of nerve root compression by MRI was not present.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5/6 and C6/7 Anterior Cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Section, Discectomy.

Decision rationale: CA MTUS ACOEM Practice Guidelines state that surgical consultation/intervention is indicated for patients who have: 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, and unresolved radicular symptoms after receiving conservative treatment. In addition, ODG states that criteria for discectomy include: evidence of radicular pain, evidence of motor deficit or reflex change, abnormal imaging, and failure of 6 to 8 weeks trial of conservative care. Non-smokers have better outcomes. In this case, patient presented with chronic neck pain with radicular symptoms despite conservative therapy including medications and physical therapy. MRI of the cervical spine, dated 01/13/2014, showed a 5-6 mm broad based disc bulge causing mild to moderate right lateral recess narrowing and mild to moderate right neural foraminal stenosis, and mild central canal stenosis measuring 9 mm AP at the level of C5-C6; and a 6 mm broad based disc bulge causing mild to moderate bilateral neural foraminal stenosis and mild to moderate central canal stenosis measuring 8 mm AP at the level of C6-C7. The treatment plan is to perform cervical surgery due to persistence of symptoms despite conservative management for almost 10 months. However, physical examination failed to establish specific focal neurologic deficits at the requested levels. The medical necessity for surgery was not established. Therefore, the request for C5/6 and C6/7 Anterior Cervical Discectomy and Fusion is not medically necessary.