

Case Number:	CM14-0080438		
Date Assigned:	07/18/2014	Date of Injury:	09/30/2011
Decision Date:	08/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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:

This 60-year-old female sustained an industrial injury on 9/30/11, due to repetitive motions. The 2/6/14 cervical CT myelogram impression documented severe multilevel cervical spondylosis from C3/4 to C6/7 with multiple ventral extradural impressions and moderate degrees of central canal stenosis. There was amputation of both C7 nerve root sleeves at the C6/7 disc space level with amputation of the right C6 nerve root sleeve at the C5/6 disc space level. The 4/22/14 bilateral upper extremity electrodiagnostic studies demonstrated bilateral moderate cervical radiculopathy at C6 and C7, with mild left and moderate right carpal tunnel syndrome. The 5/8/14 treating physician report cited severe neck pain radiating to the right upper extremity. Physical exam noted cervical paravertebral and upper trapezius muscle tenderness. Cervical range of motion testing documented flexion of 10 degrees, extension of 25 degrees, right/left lateral flexion of 10 degrees, right rotation of 65 degrees and left rotation of 20 degrees with increased pain in all motions. Upper extremity sensation, motor function and reflexes were within normal limits. The diagnosis was cervical spondylosis and spinal stenosis, cervical disc protrusions and neuroforaminal narrowing, cervical radiculitis, and early carpal tunnel syndrome. Surgery had been recommended and authorization was requested. The 5/15/14 utilization review denied the request for multilevel anterior cervical discectomy and fusion as guideline required exam findings were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multilevel Anterior Cervical Discectomy and Fusion with IP: 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): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the cervical spine had been tried and failed. There is no current documentation of clinical findings evidencing nerve root compromise consistent with the reported MRI findings. A psychological screen for surgical clearance is not evidenced. There is no documented segmental instability. Therefore, this request for multilevel anterior cervical discectomy and fusion with IP is not medically necessary.