

Case Number:	CM14-0083805		
Date Assigned:	08/01/2014	Date of Injury:	05/16/2009
Decision Date:	10/17/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas. 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 60 year old male who sustained injuries to his cervical spine on 05/16/2009. The records note that the injured worker is status post a C4 to C5 fusion performed on 06/19/05. Complaints of progressively increasing cervical pain with radiation into the bilateral upper extremities were noted. He was subsequently referred for electromyography and nerve conduction studies (EMG/NCV) on 02/04/14 which indicated the presence of a bilateral C5, C6 and C7 radiculopathy. The record includes an MRI of the cervical spine dated 12/21/13 which notes at C3 to C4 there is a 5 millimeter broad based right paracentral disc osteophyte complex effacing the anterior thecal sac indenting the anterior cord, the disc osteophyte complex touches the transiting nerve root right more than left, mild spinal canal stenosis, moderate to severe right neural foraminal narrowing and a moderate left neural foraminal narrowing, below the level of fusion at C5 to 6 there is bilateral uncovertebral joint hypertrophy, 3 millimeter broad based central disc osteophyte complex effacing the anterior thecal sac, slight indentation of the anterior cord, disc osteophyte complex is in close proximity to the transiting nerve roots, mild bilateral facet arthropathy, moderate to severe bilateral neural foraminal narrowing, bilateral uncovertebral joint hypertrophy at C6 to C7, superimposed 3 to 4 millimeter left paracentral disc protrusion which impinges on the left transiting nerve roots, slight indentation of the anterior cord predominantly on the left, bilateral facet arthropathy, decrease on anteroposterior (AP) dimension of the spinal canal to 8 millimeter, moderate to severe neural foraminal narrowing, and grade I anterolisthesis of C7 on T1. The record indicates that the injured worker has been managed with oral medications and other conservative measures without benefit. The request for anterior cervical corpectomy and fusion at C3 to C4, C5 to C6 and C6 to 7 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Corpectomy and Fusion at C3-4, C5-6 and C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Fusion.

Decision rationale: The submitted clinical records indicate that the injured worker has substantive findings on imaging. There is evidence of central canal stenosis and neural foraminal stenosis at multiple levels. Of greater concern is the areas of anterior cord compression identified on imaging. The injured worker's subjective complaints correlate with both imaging studies and electromyography and nerve conduction studies (EMG/NCV) dated 02/04/14. As such, noting the correlation between imaging, subjective complaints and electrodiagnostic studies and noting the severity of neural compression involving the cervical spine, the request is consistent with both American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) treatment guidelines. The request for anterior cervical corpectomy and fusion at C3 to C4, C5 to C6 and C6 to C7 is recommended as medically necessary.

2 day Hospital Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Hospital Length of Stay.

Decision rationale: The request for a two day inpatient stay is consistent with ODG treatment recommendations and therefore medically necessary. The request for surgery has been approved.

Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons, Physicians as Assistants in Surgery: 2011 Study.

Decision rationale: The submitted clinical records indicate that the injured worker has been approved for surgical intervention. The proposed procedure is both technically difficult and extensive. As such, an assistant surgeon is clinically indicated and supported under American College of Surgeons, Physicians as Assistants in Surgery: 2011 Study.

Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Low Back Chapter, Preoperative testing, general

Decision rationale: The claimant is a 60 year-old male with comorbid medical conditions. Preoperative medical clearance is clinically indicated to ensure there are no medical contraindications to anesthesia or surgery.