

Case Number:	CM14-0137619		
Date Assigned:	09/05/2014	Date of Injury:	01/23/2014
Decision Date:	01/02/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 43-year-old female who reported an injury on 01/23/2014. She reportedly developed complaints of pain in the neck radiating through the upper left extremity. As of 07/2014, the injured worker had utilized anti-inflammatories, medications for neuropathic pain, narcotic analgesics, as well as muscle relaxants. She had also reportedly undergone a course of physical therapy with limited improvement. The injured worker had been seen on 06/03/2014 for a neurosurgical consultation, whereupon she indicated having a chief complaint of neck and radiating left arm pain with numbness which had begun after suffering her worker's injury. According to the physician, the injured worker sought appropriate medical attention and underwent a course of therapy, including physical therapy and medication management. The injured worker had limited range of motion with deep tendon reflexes in both upper extremities showing absence in the right with trace in the left with lower extremities 1+ and one third plus with an absent Hoffmann's sign and no clonus at either ankle. Her sensation to pinprick was diminished in the left upper extremity at both the C6-7 dermatomes. However, her motor power was grossly intact, though the injured worker did have pain limiting her resistance testing. She underwent plain view x-rays which noted loss of lordosis and flattening of the spine with some multilevel degenerative spondylosis changes. These were indicated as mild at the C5-6 level with mild bulging and ridging and moderate at the C6-7 level with obvious posterior prominent herniation of the disc which was upward, extruded up behind the C6 vertebral body. It further stated that this did contact and cause some mild ventral distortion of the spinal cord with no signal change in the cord and there was no obvious listhesis. The physician further indicated that the injured worker had not undergone any epidural corticosteroid injections at that time. She had undergone an MRI of the cervical spine on 03/21/2014 which noted a broad based disc protrusion of approximately 2 to 3 mm at C5-6 with minimal mass effect upon the interior aspect

of the cord. Additionally, there was mild intervertebral disc narrowing, as well as broad based posterior and left paracentral disc herniation causing significant mass effect upon the anterior aspect of the cord at C6-7. There was minimal cephalad extension of the disc material appreciated with the residual anteroposterior thecal sac diameter at that level approximately 7 mm. A request was made for ACDF at C5-6 and C6-7 with spacer, allograft, and plating as well as purchase/rental of an external bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion at C5-C6 and C6-C7 with spacer, allograft and plating as necessary: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical consultation is indicated for injured workers who have persistent, severe, or disabling shoulder or arm symptoms, to include unresolved radicular symptoms after receiving conservative treatment. In the case of this injured worker, although she had previously demonstrated some neurologic deficits in her C6 and C7 dermatomes, there was no current clinical documentation to indicate she continued to have functional deficits in regards to her injury. Additionally, there was no documentation indicating the injured worker had any symptoms regarding the C5-6 level to indicate adjacent disc syndrome. Therefore, without having a more thorough/current rationale for necessitating a 2 level anterior cervical discectomy and fusion with spacer, allograft, and plating, the requested service cannot be considered a medical necessity at this time.

Purchase/Rental of an External Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Neck and Upper Back Chapter, Invasive or non-invasive electrical bone growth stimulators

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone Growth Stimulator.

Decision rationale: According to the Official Disability Guidelines, although bone growth stimulators may be indicated for patients undergoing a multilevel fusion, with the injured worker not meeting the primary surgical procedure criteria, the subsequent request for a bone growth stimulator is not considered medically necessary at this time.

