

Case Number:	CM14-0188380		
Date Assigned:	11/19/2014	Date of Injury:	12/27/2002
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 48 year old male who reported an injury on 12/27/2002, the mechanism of injury was not provided. He was status post a C5-C6 anterior cervical discectomy and fusion in 2007. Magnetic resonance imaging (MRI) of the cervical spine dated 7/30/2014 revealed surgical changes at C5-6, with right paracentral posterior disc bulging or osteophytic complex with encroachment on the anterior thecal sac and spinal canal, and mild narrowing of the right neural foramen and right recess with a focal area of possible myelomalacia without significant change from previous (MRI) dated 8/02/2011. In the clinical note dated 09/15/2014, he reported neck pain with radiation to the upper extremities and numbness in the bilateral hands. Physical examination revealed moderate physical discomfort on palpation of the mid-cervical spine, neck pain upon rotation of the neck after 20 degrees, upper extremity strength revealed bilateral triceps 4+/5, diminished light touch to the left 2nd and 3rd digits with a normal gait. Diagnoses include cervical spondylosis and stenosis. The provider recommended an anterior cervical discectomy fusion C6-7 with one day inpatient stay. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy fusion C6-7 with one day inpatient stay, cervical spine:
Upheld

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

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, Fusion, anterior cervical

Decision rationale: The California MTUS states that a surgical consultation is indicated for injured workers who have persistent severe or disabling shoulder or arm symptoms. There should be evidence of activity limitation for more than 1 month or with extreme progression of symptoms. There should be clear clinical imaging or electrophysiologic evidence, consistently indicating the same lesion that has been shown to be benefit from surgical repair in both the short and long term. There should be unresolved radicular symptoms after receiving conservative treatment. There should also be evidence of instability noted on physical examination. Official Disability Guidelines recommend an anterior cervical fusion as an option in combination with anterior cervical discectomy for approved indications. Criteria for a cervical fusion include acute traumatic spinal injury resulting in cervical spinal instability, osteomyelitis resulting in vertebral body destruction, primary or metastatic bone tumor resulting in fracture instability or spinal cord compression. The cervical nerve root compression verified by diagnostic imaging and spondylolytic myelopathy based on clinical signs and symptoms. Repeat surgery at the same level is not recommended. The clinical information submitted for review lacked evidence of instability on physical examination. There is no evidence of diagnostic imaging studies that demonstrate nerve root compression or instability by flexion and extension. There is no evidence of prior conservative treatments the injured worker underwent such as physical therapy, medications and injections. As such, the request for anterior cervical discectomy fusion from the C6-7 with the cervical spine is not medically necessary. As the primary request for a cervical discectomy and fusion is not medically necessary, a 1 day inpatient stay is not warranted. As such, medical necessity has not been established.