MAXIMUS Federal Services

Case Number:	CM14-0192938		
Date Assigned:	11/26/2014	Date of Injury:	01/15/2014
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 Surgeon 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 57-year-old female who reported an injury on 01/15/2014. The mechanism of injury was due to repetitive customary duties of her job which entail twisting, pushing, pulling, kneeling, squatting, and stair climbing. The injured worker has diagnoses of cervicothoracic spine sprain/strain, right shoulder strain with impingement and labral tear, left shoulder strain, superimposed and degenerative changes impingement syndrome, bilateral wrist sprain/strain, bilateral thumb triggering, and lumbosacral strain with underlying degenerative changes and spondylosis. Past medical treatment consists of cortisone injections, physical therapy, chiropractic therapy, acupuncture therapy, and medication therapy. Medications consist of tramadol and ibuprofen. On 07/28/2014, the injured worker underwent an MRI of the cervical spine, which revealed focal left paracentral posterior disc protrusion deforms at the C5-6 level with ventral surface on the spinal cord, mild facet joint and uncovertebral joint hypertrophy with moderately narrow left neural foramen. The spinal canal was patent. The ligamentum flavum were normal in appearance. The existing nerve roots were intact. Disc measurement neutral were 3.0 mm, flexion 2.0 mm and extension not visualized. On 09/19/2014, the injured worker complained of cervical spine pain. On physical examination, inspection revealed normal lordosis. There was tenderness to palpation over the paraspinal musculature. There was no tenderness to palpation over the spinous process. Range of motion revealed a flexion of 80 degrees and extension of 60 degrees. Rotation to the right and left were 80 degrees, lateral flexion to the right and left were 45 degrees. Motor strength was 5/5 in all extremities. There was diminished sensation over the bilateral C6 dermatome. Sensation was intact in all other dermatomes. Hoffman, Romberg, and heel to toe testing were negative. Biceps, triceps, and brachioradialis reflexes were 2+. The medical treatment plan is for the injured worker to

undergo C5-6 anterior cervical discectomy and fusion. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Indications for Surgery (Discectomy/laminectomy)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The request for a C5-6 anterior cervical discectomy and fusion is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgical consideration may be considered when patients complain of persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in the both short and long term. There should also be signs of unresolved radicular symptoms after receiving conservative treatment. Guidelines state that the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks, and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions of significant nerve root compromise rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine or rehab specialist may help resolve symptoms. Based on extrapolating studies on low back pain, it also would be prudent to consider a psychological evaluation of the patient prior to referral for surgery. The submitted documentation did not indicate any clear signs of cervical pain with instability. There were also no findings of unresolved radicular symptoms after receiving conservative treatment. Furthermore, there was no documentation submitted indicating that the injured worker had undergone a psychological evaluation. An MRI obtained on 07/31/2014 indicated that the injured worker had focal paracentral posterior disc protrusion deformities at the ventral surface of the spinal cord at level C5-6 with mild facet joint and uncovertebral joint hypertrophy, moderately narrow more the left neural foramen. However, the submitted documentation did not indicate that the injured worker had exhausted all conservative care treatment. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.