

Case Number:	CM14-0193556		
Date Assigned:	12/01/2014	Date of Injury:	08/13/2008
Decision Date:	01/21/2015	UR Denial Date:	10/14/2014
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 Surgery, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 male who reported an injury on 08/13/2008. The mechanism of injury was not submitted for clinical review. His diagnoses included multiple level cervical disc disease, C4-5, C5-6, and C6-7 disc protrusion with right C6-7 radiculopathy, status post ulnar neurolysis at the elbow, and carpal tunnel release. Previous treatments included medication, electrodiagnostic testing, 24 chiropractic sessions. Diagnostic studies included an MRI of the cervical spine dated 05/14/2014. On 10/22/2014, it was reported the injured worker complained of neck pain and pain and weakness in the bilateral upper extremities. The injured worker reported pain interferes with activities of daily living. On the physical examination, the provider indicated the patient had moderate tenderness to palpation over the posterior cervical spine and paraspinal muscles, as well as in the right trapezius area. The range of motion was diminished in all directions. The patient had a negative Spurling's test. The provider requested an anterior cervical discectomy with lateral foraminotomy at the C4-5, C5-6, and C6-7. The Request for Authorization was submitted and dated 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy with bilateral foraminotomy at the C4-5, C5-6 & C6-7:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Discectomy-laminectomy-laminoplasty.

Decision rationale: The request for anterior cervical discectomy with bilateral foraminotomy at the C4-5, C5-6 & C6-7 is not medically necessary. The California MTUS/ACOEM Guidelines state surgical consideration within the first 3 months of onset in acute neck or upper back problems, surgery is only considered after the following are detected: severe spinovertebral pathology; severe, debilitating symptoms with physiologic evidence of nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy; 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 electrophysiologic evidence indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. In addition, the Official Disability Guidelines note indications for discectomy include evidence of radicular pain and sensory symptoms in cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test; evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level; and abnormal imaging study that shows positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. There must be evidence that the patient has received and failed at least a 6 to 8 week trial of conservative care. Although the clinical documentation submitted indicated the patient had tried and failed on conservative therapy, there is lack of documentation indicating significant physical exam findings of a positive Spurling's test. There is a lack of significant documentation of imaging studies which corroborated the diagnosis, warranting the medical necessity for the request. Therefore, the request is not medically necessary.