

Case Number:	CM14-0199758		
Date Assigned:	12/10/2014	Date of Injury:	10/02/2013
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Surgery 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 53-year-old female who reported an injury on 10/02/2013. The mechanism of injury was not provided. The diagnoses included cervical spine strain, left shoulder strain, and upper left arm strain. The injured worker presented with complaints of paralysis to the upper extremities with 3 episodes. Medications were not provided. Diagnostic studies were not provided. Prior treatments included cervical epidural steroid injection. The objective findings dated 09/21/2014 revealed deep tendon reflexes at the biceps and triceps were 2+, equal, and normal. Grip strength with the left hand was a 4/5. The left shoulder had range of motion at 80% of normal. The drop arm test, Apley's scratch test, and crossover test were negative. The injured worker rated her pain at 9/10 using the VAS. The treatment plan included a pain management specialist, a second cervical spine epidural steroid injection, and an outpatient anterior cervical discectomy and fusion at the C5-6, along with outpatient gastroenterology clearance. The Request for Authorization, dated 12/10/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Anterior Cervical Discectomy and Fusion at C5-C6: Upheld

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)

Decision rationale: The request for outpatient anterior cervical discectomy and fusion at C5-C6 is not medically necessary. The Official Disability Guidelines indicate that Criteria for Cervical Fusion - Recommended Indications: (1) Acute traumatic spinal injury (fracture or dislocation) resulting in cervical spinal instability. (2) Osteomyelitis (bone infection) resulting in vertebral body destruction. (4) Cervical nerve root compression verified by diagnostic imaging (i.e., MRI or CT myelogram) and resulting in severe pain OR profound weakness of the extremities. (5) Spondylotic myelopathy based on clinical signs and/or symptoms (Clumsiness of hands, urinary urgency, new-onset bowel or bladder incontinence, frequent falls, hyper-reflexia, Hoffmann sign, increased tone or spasticity, loss of thenar or hypothenar eminence, gait abnormality or pathologic Babinski sign) and Diagnostic imaging (i.e., MRI or CT myelogram) demonstrating spinal cord compression. (6) Spondylotic radiculopathy or non-traumatic instability with All of the following criteria: (a) Significant symptoms that correlate with physical exam findings AND radiologist-interpreted imaging reports. (b) Persistent or progressive radicular pain or weakness secondary to nerve root compression or moderate to severe neck pain, despite 8 weeks conservative therapy with at least 2 of the following: Active pain management with pharmacotherapy that addresses neuropathic pain and other pain sources (e.g., an NSAID, muscle relaxant or tricyclic antidepressant); Medical management with oral steroids, facet or epidural injections; Physical therapy, documented participation in a formal, active physical therapy program as directed by a physiatrist or physical therapist, may include a home exercise program and activity modification, as appropriate. There is clinically significant function limitation, resulting in inability or significantly decreased ability to perform normal daily activities of work or at-home duties. Diagnostic imaging (i.e., MRI or CT myelogram) demonstrates cervical nerve root compression, or Diagnostic imaging by x-ray demonstrates Instability by flexion and extension x-rays; Sagittal plane translation >3mm; OR Sagittal plane translation >20% of vertebral body width; OR Relative sagittal plane angulation >11 degrees. Within the clinical notes the provider indicated that the injured worker had positive findings on an MRI. However, an MRI study was not within the documentation for review. Additionally, the injured worker indicated that she had an epidural steroid injection at the cervical spine which provided 50% relief and was requesting a second epidural steroid injection. The clinical note dated 09/21/2014 did not provide detailed functional deficits on objective findings. Therefore, the request for outpatient anterior cervical discectomy and fusion at C5-C6 is not medically necessary.

Associated surgical service: Outpatient Gastroenterology Clearance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for outpatient gastroenterology clearance is not medically necessary. The chronic pain medical treatment guidelines apply when the patient has chronic

pain as determined by following the clinical topics section of the Medical Treatment Utilization Schedule (MTUS). In following the clinical topics section, the physician begins with an assessment of the presenting complaint and a determination as to whether there is a "red flag for a potentially serious condition" which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. If the patient continues to have pain that persists beyond the anticipated time of healing, without plans for curative treatment, such as surgical options, the chronic pain medical treatment guidelines apply. As the primary service is not supported, this associated service is also not supported and is considered not medically necessary.