

Case Number:	CM14-0202333		
Date Assigned:	12/12/2014	Date of Injury:	09/25/1996
Decision Date:	02/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 and is licensed to practice in Minnesota. 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 62-year-old female with a reported date of injury of 9/25/1996. The mechanism of injury is not reported. Per initial orthopedic consultation of 6/13/2014 she complains of neck pain and tingling down the left hand, worse with activity. She also has a right shoulder problem. On examination she has limited range of motion of the cervical spine with associated tenderness. She complains of reduced light touch sensation in all 4 extremities. No focal neurologic deficit was found on examination. Range of motion of the right shoulder was limited with associated impingement. Her diagnosis was cervical spondylosis. A nerve conduction study was requested. An MRI scan of the cervical spine performed on 9/16/2013 revealed multilevel degenerative disc disease with spurring and foraminal encroachment. There was central canal stenosis at C3-4, C4-5, and C5-6 in association with only mild narrowing at C6-7. An x-ray of the right shoulder revealed a faint calcific deposit in association with the supraspinatus tendon. Acromioclavicular arthritis was also noted. An x-ray of the cervical spine revealed evidence of cervical spondylosis. There was no evidence of instability on flexion/extension views. The disputed request is for an anterior cervical discectomy and fusion at C5-6. This was noncertified by utilization review as there was no documentation of a focal neurologic deficit correlating with the C5-6 imaging finding for which a 1 level anterior cervical discectomy and fusion was requested. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back chapter, Discectomy-laminectomy-laminoplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180, and 183.

Decision rationale: California MTUS guidelines indicate surgical considerations within 3 months of onset or potentially acute neck and upper back symptoms if there is severe spinovertebral pathology, severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. In the presence of a disc herniation surgery is considered if there is persistent severe disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term and unresolved radicular symptoms after receiving conservative treatment. The documentation indicates neck and upper extremity symptoms but there are no focal neurologic findings. Electrodiagnostic studies have not been submitted. As such, there is no correlation of the MRI findings with the clinical picture. Based upon the documentation provided, the guideline criteria have not been met, and as such the medical necessity of the request for a single level anterior cervical discectomy and fusion at C5-6 is not substantiated.