

Case Number:	CM15-0001904		
Date Assigned:	01/12/2015	Date of Injury:	07/23/2007
Decision Date:	03/20/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male who sustained an industrial injury on 7/23/2007. He has reported neck and back pain. The diagnoses have included lumbar disc displacement, lumbar degenerative disc disease, internal derangement of bilateral knees, tear of medial right knee cartilage and left knee sprain. Treatment to date has included physical therapy, rest, and acupuncture and medication management. The injured worker also underwent an anterior lumbar interbody fusion Alzheimer's disease Lumbar 5-Sacral 1 and posterior decompression removal of facet osteophytes. Currently, the IW complains of cervical spine pain that radiates to the bilateral upper extremities (right greater than left) and right knee pain. Treatment plan included anterior cervical discectomy and fusion of cervical 5-7. On 12/11/2014, Utilization Review non-certified an anterior cervical discectomy and fusion of cervical 5-7, noting the lack of magnetic resonance imaging confirmation of acute herniated nucleus pulposus or acute root nerve impingement and only mild spinal stenosis. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient 3 Day LOS: ACDF at C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, 183. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

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

Decision rationale: Per provider's progress note dated July 2, 2014 the diagnoses pertaining to the cervical spine included C2-3: 2 millimeter posterior disc osteophyte complex with bilateral facet arthropathy, C3-4: 1 millimeter anterolisthesis at C3 on C4 with 1 mm to 2 mm posterior disc osteophyte complex with spinal stenosis, facet arthropathy and left neural foraminal narrowing, C4-5: 2 millimeter disc osteophyte complex with spinal stenosis moderate facet arthropathy and mild left neural foraminal narrowing, C5-6: 2 millimeter posterior disc osteophyte complex with moderate facet arthropathy with moderate right neural foraminal narrowing, and C6-7: 3 millimeter posterior disc osteophyte complex with spinal stenosis with facet arthropathy and mild left neural foraminal narrowing. The objective MRI report is not submitted. Clinical examination of the cervical spine revealed decreased range of motion in all planes. Spurling was positive bilaterally, right more than left. Per utilization review the MRI of the cervical spine dated 2/28/14 revealed straightening of the normal cervical lordosis from C2-6. There were degenerative changes of the endplates with mild associated marrow edema at C5-6. There was mild spinal canal stenosis secondary to straightening of the normal cervical lordosis and small posterior disc osteophyte complexes at C3-C6. An anterior cervical discectomy and fusion at C5-6 and C6-7 was recommended by the provider and was suggested after completion of the lumbar spine surgery. On 6/10/2014 the request for anterior cervical discectomy and fusion at C5-6 and C6-7 was noncertified. The extent of conservative treatment was not known and the pathology on the MRI report of February 2014 appeared relatively minor. The request was noncertified again on 8/1/2014 as there was no documentation of formal imaging available for review to support the compressive findings at C5-6 and C6-7. The recent examination also failed to demonstrate any degree of radiculopathy in the upper extremities. On December 11, 2014 the request was again denied by utilization review based upon the MRI report which did not show evidence of nerve root impingement at C5-6 or C6-7 and only showed mild spinal stenosis secondary to straightening of the normal cervical lordosis and small disc osteophyte complex at multiple levels. Therefore the proposed surgery was not medically necessary at that time. California MTUS guidelines recommend surgical considerations for persistent severe and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, and 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 efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Based upon a review of the medical records and the MRI report as noted above, the clinical picture and imaging studies do not meet the guideline requirements and as such, the request for anterior cervical discectomy and fusion at C5-6 and C6-7 with 3 day hospital stay is not supported and the medical necessity of the request is not substantiated.