

Case Number:	CM15-0002717		
Date Assigned:	01/13/2015	Date of Injury:	09/12/2012
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas
 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 58-year-old male who reported an injury on 09/12/2012. The mechanism of injury was not provided. The clinical note dated 11/25/2014 noted the injured worker had presented with complaints of neck pain radiating into the bilateral shoulders, arms, hands, and fingers associated with numbness and tingling. The injured worker noted that the symptoms were aggravated by activity such as lifting and carrying. On examination, there was swelling noted to the bilateral shoulders with restricted range of motion. There were tenderness and spasm of the cervical paravertebrals, upper trapezii, sternocleidomastoid, and interscapular muscles of the cervical spine. There was restricted range of motion due to pain and 5/5 strength with normal sensation bilaterally. There was a negative bilateral Spurling's as well as cervical compression test. X-rays of the cervical spine revealed a spur off the anterior inferior body of the C3, a large spur of the anterior inferior body of the C4, and a spur off the C5 which passed to the inferior aspect of the C6 with bridging between the C6 and C7. Electrodiagnostic studies performed on 08/15/2014 revealed distal peripheral neuropathy in the upper extremities affecting the sensory fibers. An MRI of the cervical spine performed on 01/26/2013 revealed nonspecific straightening of the normal lordosis and spondylotic changes, mild canal stenosis, and C6-7 moderate to severe right and moderate left neural foraminal narrowing secondary to a 2 to 3 mm posterior disc bulge and uncovertebral osteophyte formation. Diagnoses were cervical disc herniation at the C5-6 with foraminal stenosing, chronic C6 radiculopathy, and mild to moderate right carpal tunnel syndrome. The injured worker is status post right shoulder arthroscopy with subacromial decompression and right shoulder tendinitis. The provider recommended an

anterior cervical discectomy and fusion at the C5-6 level. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior discectomy and fusion at C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy-laminectomy.

Decision rationale: The request for an anterior cervical discectomy and fusion at the C5-6 level is not medically necessary. California MTUS/ACOEM Guidelines state that surgical consultation is indicated for injured workers who have persistent severe or disabling shoulder or arm symptoms with activity limitation for more than 1 month or with extreme progression of symptoms and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair in both the short and long term and unresolved radicular symptoms after receiving initially recommended conservative treatment. The Official Disability Guidelines further state that a discectomy is recommended as an option if there is radiographically demonstrated abnormality to support clinical findings consistent with progression of myelopathy, intractable radicular pain in the presence of documented clinical and radiograph findings and presence of spinal instability when performed in conjunction with stabilization. The injured worker has complaints of neck pain with radiation to the upper extremities, mild canal stenosis at the C5-6 level, and electrodiagnostic findings of C6 nerve irritation. However, the electrodiagnostic study also reported identified peripheral neuropathy and median and ulnar nerve entrapment at the wrist. There is no evidence of subjective or objective findings specifically related to the C6 radiculopathy. Motor strength and sensation were normal. Additionally, there is no evidence that the injured worker had failed a trial of conservative treatment to include physical therapy, medications, and injections. As such, medical necessity has not been established.

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Soft Cervical Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Neck and Upper Back Chapter)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Rigid Cervical Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Neck and Upper Back Chapter)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.