MAXIMUS Federal Services

Case Number:	CM15-0142723		
Date Assigned:	08/03/2015	Date of Injury:	10/01/2012
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/23/2015

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:

This 57 year old male sustained an industrial injury on 10-01-12. He subsequently reported back pain. Diagnoses include cervicalgia. Treatments to date include MRI and x-ray testing, injections, knee, wrist and spine surgery, physical therapy and prescription pain medications. The injured worker continues to experience left knee and neck pain. Upon examination, there was cervical spine tenderness with palpation over the paraspinal musculature. Romberg's signs were positive. Ranges of motion were reduced in the shoulders bilaterally. Sensation is diminished over the right C6 dermatome. A request for Anterior cervical discectomy and fusion C3-C6 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion #C3-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: California MTUS guidelines indicate surgical considerations for severe spinovertebral pathology and 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. Referral for surgical consultation is indicated for patients who have persistent severe and 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 efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Spontaneous improvement in MRI documented cervical disc pathology has been demonstrated with a high rate of resolution. On 6/10/2015, an orthopedic examination indicated that the injured worker was status post right wrist arthroscopy 3 weeks before. The subjective complaints pertaining to the cervical spine were not documented. On examination there was tenderness to palpation over the paraspinal cervical musculature. Good range of motion of the cervical spine was documented. There was no tenderness to palpation over the spinous processes. Hoffman's sign was absent. Sensation was diminished in the right C6 dermatome. There was negative heel-to-toe. Reflexes were 2+ in the biceps, triceps, and brachioradialis. The plan was to start physical therapy for the right wrist. Surgery for the cervical spine including anterior cervical discectomy and fusion from C3-C6 was requested as there was neurologic deficit concordant with imaging findings. A prior cervical MRI scan dated 1/29/2015 revealed disc desiccation throughout the cervical spine. Modic type II and degenerative changes noted at C5-6, diffuse disc protrusion with annular tear effacing the thecal sac at C3-4, C4 exiting nerve roots are unremarkable. This measurement in neutral, flexion, and extension is 2.5 mm. C5-6 focal disc protrusion effacing the thecal sac. Narrowing of the left neural foramen that effaces the left C7 exiting nerve root. Disc measurements 2 mm in neutral position and extension and 2.5 mm in flexion. Grade 1 retrolisthesis of C3 over C4. In light of the above clinical picture and MRI findings, utilization review certified the anterior cervical discectomy and fusion at C5-6 but did not certify the other 2 levels. The aforementioned guidelines necessitate clinical, imaging, and electrophysiologic evidence of the same lesion that has been shown to benefit in both the short and long-term from surgical repair. As such, the utilization review modification of the request to anterior cervical discectomy and fusion at C5-6 is appropriate and the medical necessity of the request for a 3 level fusion has not been substantiated. Therefore, the request is not medically necessary.