

Case Number:	CM14-0137813		
Date Assigned:	09/10/2014	Date of Injury:	07/23/2009
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 64-year-old male with a 7/23/09 date of injury. At the time (8/21/14) of request for authorization for decompression and fusion at C4-5, C5-6 and C6-7 with 2 day inpatient stay, there is documentation of subjective constant neck pain rated 7/10, bilateral arms numbness and fatigue and objective cervical flexion 40, extension 40, rotation 60 bilaterally with neck pain and cervical and trapezial tenderness; 5/5 muscle strength, decreased sensation along the ulnar aspect of the right forearm to the fingers, positive Cubital Tinel, and wrist Tinel) findings. Current findings include cervical spine MRI (12/30/13) report revealed C4-5 2 mm broad-based disc protrusion indenting the anterior cord, moderate spinal stenosis, moderate bilateral neural foraminal narrowing; C5-6 2-3 mm broad-based disc osteophyte complex indenting the anterior cord, mild to moderate spinal stenosis, severe right and moderate to severe left neural foraminal narrowing; C6-7 right paracentral 2 mm disc protrusion indenting the anterior cord with mild narrowing of the right side of the canal, mild right neural foraminal narrowing, and no left neural foraminal narrowing), current diagnoses (cervical stenosis central C4-5, C5-6, and C6-7, mild to moderate central and foraminal stenosis C4-5 and C5-6, moderate to severe on the left and C5-6 mild to moderate on the right with bilateral radicular . Treatment to date includes physical therapy, epidural steroid injections, and medications. There is no documentation evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical levels, an abnormal imaging (CT/myelogram and/or MRI) study at the C6-7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression and Fusion at C4-5, C5-6 and C6-7 with 2 Day Inpatient Stay: Upheld

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

MAXIMUS 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, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of 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 electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. ODG identifies documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures, evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of diagnoses of cervical stenosis central C4-5, C5-6, and C6-7, mild to moderate central and foraminal stenosis C4-5 and C5-6, moderate to severe on the left and C5-6 mild to moderate on the right with bilateral radicular findings. In addition, there is documentation of failure of at least a 6-8 week trial of conservative care and abnormal imaging (MRI) study with positive findings at the C4-5 and C5-6 levels. However, there is no documentation of evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study at the C6-7 level. Therefore, based on guidelines and a review of the evidence, the request for decompression and fusion at C4-5, C5-6 and C6-7 with 2 day inpatient stay is not medically necessary.