

Case Number:	CM14-0148390		
Date Assigned:	09/18/2014	Date of Injury:	07/31/2009
Decision Date:	11/12/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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, has a subspecialty in Spine Fellowship 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 42-year-old female with a 7/31/09 date of injury. At the time (8/19/14) of the request for authorization for posterior cervical laminectomy and fusion at C3-C6, there is documentation of subjective (constant moderate to severe neck pain that radiates to the right temple and down to the right wrist, she has numbness in the right arm to the wrist, mild weakness in the right hand) and objective (decreased cervical spine range of motion, reduced sensation right arm) findings, imaging findings (8/19/14 medical report's reported imaging findings include MRI identifies interval discectomy and anterior fusion of C4 through C7 is seen with improved bony alignment. Interval C3-4 left uncovertebral arthrosis and left posterior lateral disk osteophyte complex, indenting the ventral thecal sac and with mild left foramina narrowing (imaging report not available for review)), current diagnoses (cervical disc disease), and treatment to date (medication and therapy). There is no documentation of clear clinical and imaging evidence consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior cervical laminectomy and fusion at C3-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

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 disc disease. In addition, there is documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month; and unresolved radicular symptoms after receiving conservative treatment. However, despite documentation of reduced sensation in the right arm and the 8/19/14 medical report's reported imaging findings (MRI identifies interval discectomy and anterior fusion of C4 through C7 is seen with improved bony alignment. Interval C3-4 left uncovertebral arthrosis and left posterior lateral disk osteophyte complex, indenting the ventral thecal sac and with mild left foramina narrowing), there is no documentation of clear clinical and imaging evidence consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term. Therefore, based on guidelines and a review of the evidence, the request for Posterior Cervical Laminectomy and Fusion at C3-C6 is not medically necessary.