

Case Number:	CM14-0149744		
Date Assigned:	09/18/2014	Date of Injury:	05/01/2005
Decision Date:	10/28/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Spine Surgeon and is licensed to practice in Texas. 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:

The injured worker is a 68-year-old female who reported an injury on 05/01/2005. There was a detailed Request for Authorization submitted for review. The documentation of 07/28/2014 revealed the mechanism of injury was a stack of boxes fell on the injured worker's head. The injured worker's complaints included 9/10 neck pain. The injured worker had occasional radicular symptoms in the arms consistent with C6-7 radiculopathy. However, the physician documented the major problem was the posterior occipital pain related to C1-2 facet arthropathy and collapse. The injured worker had a transforaminal epidural steroid injection. Medications were noted to include Flexeril 5 mg at bedtime and Relafen 750 mg. The physical examination revealed the injured worker's range of motion of the neck with flexion at 30 degrees, extension 20 degrees, bilateral rotation 20 degrees, and lateral flexion 10 degrees bilaterally. The injured worker had sensation and strength that were bilaterally intact in the upper extremities and lower extremities. The injured worker had deep tendon reflexes at 1+ in upper extremities, and noted to be symmetric in the biceps, triceps, and brachial radialis. The documentation indicated the injured worker had an MRI of the cervical spine on 10/23/2013 which demonstrated C4-5 spondylolisthesis and C5-6 disc disease. There was notable C1-2 facet arthropathy without compression of vertebral artery structures. The injured worker underwent an x-ray of the cervical spine on 05/02/2012, which demonstrated C1-2 facet disease with narrowing of the foramina, as well as a C5-6 disc osteophyte. The physician documented he had reviewed the cervical spine MRI and opined there was a notable C5-6 and mild C6-7 herniated nucleus pulposus with neurologic impingement. The physician documented this was causing impingement on the left side. The injured worker had notable C1-2 facet arthropathy that was worse on the left side. The diagnoses included cervical spondylosis, cervical herniated nucleus pulposus at C6-7, radiculopathy, C1-2 facet arthropathy, and stroke like symptoms/transient

ischemic attack. The injured worker had an abnormal EKG, and an echocardiogram and treadmill test were pending. The treatment plan included a C1-2 posterior cervical fusion and instrumentation. The injured worker had severe facet arthropathy and failed all forms of conservative treatment. Additionally, the injured worker would need to finish the remainder of her workup, including cardiac testing, and would be in the hospital 3 to 4 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-Day in-patient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As the primary service is not supported, this associated service is also not supported.

C1-C2 Posterior cervical discectomy fusion with instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The injured worker had a positive Spurling's test to the left and had decreased deep tendon reflexes in the bilateral upper extremities. The clinical documentation submitted for review indicated per the physician documentation the injured worker had an MRI

of the cervical spine and x-rays demonstrating facet disease. The physician was noted to have reviewed the MRI and that there were additional findings. However, there was a lack of documentation indicating an addendum to the MRI, and the official MRI was not provided. There is a lack of documentation of impingement. The physician documented that the injured worker had failed conservative care. The specific conservative care that was failed was not provided. Given the above, the request for C1-2 posterior cervical discectomy and fusion with instrumentation is not medically necessary.