

Case Number:	CM13-0055630		
Date Assigned:	06/13/2014	Date of Injury:	07/15/2005
Decision Date:	03/05/2015	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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: New York, New Hampshire, Washington
 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 50-year-old female, with a reported dated of injury of 07/15/2005. The result of the injury was neck pain. The current diagnoses include multiple herniated nucleus pulposus of the cervical spine with neural foraminal narrowing of left C2-3, moderate and left C5-6, severe; canal stenosis C3-4 mild, C4-5 moderate, C5-6 moderate; cervical radiculopathy; and degenerative disc disease of the cervical spine with facet arthropathy and retrolisthesis. The past diagnoses include degenerative disc disease and facet arthropathy with retrolisthesis at C4-5 and C5-6; moderate canal stenosis at C5-6; and moderate-to-severe neuroforaminal narrowing at C4-5 and C5-6. Treatments have included an MRI of the cervical spine on 09/07/2010, electromyography/nerve conduction velocity (EMG/NCV) on 01/05/2012, with normal findings, acupuncture, chiropractic treatment, epidural steroid injection times two, and interlaminar epidural steroid injection to the cervical spine. The medical record from which the requested treatment originates was not included in the medical records provided for review. The supplemental report dated 11/08/2013 indicates that the orthopedic evaluation dated 10/31/2012 noted that the injured worker had eight (8) sessions of chiropractic therapy, which increased her pain, and one (1) session of acupuncture therapy, which also increased her pain. The injured worker had one (1) interlaminar epidural steroid injection at C4-5 and C5-6, and two (2) epidural steroid injections with minimal relief. The injured worker was working full-duty. She rated her neck pain an 8 out of 10, with radiation of numbness and tingling in her bilateral upper extremities and into her fingers. The objective findings included tenderness to palpation of the cervical spine, right much worse than the left, with bilateral trapezius tenderness; decreased

range of motion of the cervical spine in all planes; and decreased sensation to the right C5, C6, C7, and C8 dermatomes. On 11/05/2013, Utilization Review (UR) denied the request for a posterior spinal fusion, instrumentation and decompression at C4-5 and C5-6. The UR physician noted that there was no evidence of cervical radiculopathy by electrodiagnostic testing, and no documentation of functional deficits secondary to this condition. The ACOEM Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR SPINAL FUSION, INSTRUMENTATION AND DECOMPRESSION AT C4-C5 AND C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, posterior cervical

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page 186.

Decision rationale: MTUS criteria for neck fusion and decompression not met. There is no clear correlation between imaging studies and exam. Also, there is no documented instability, fracture, or tumor. There is no progressive neurologic deficit. Fusion and decompression not needed.