

Case Number:	CM14-0212805		
Date Assigned:	12/30/2014	Date of Injury:	04/01/2000
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Texas
 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 54-year-old male who reported injury on 04/01/2000. The mechanism of injury was cumulative trauma. The injured worker was noted to undergo a fusion at C5-6 in 2003. Prior therapies were noted to include conservative care of epidural steroid injections and physical therapy. The documentation of 10/07/2014 revealed the injured worker had neck pain. The injured worker was noted to have seen a physician on 05/21/2014 and was recommended additional surgery. The documentation indicated the injured worker wanted to proceed with surgery. The injured worker had a complaint of neck pain with radiation to the shoulders and burning and tingling sensation in the arms and hands intermittently. The injured worker, per the physician documentation, was noted to have undergone an EMG/NCV on 03/13/2013, which revealed slight chronic C6 cervical motor radiculopathy on the left. There was no cervical radiculopathy on the right. The injured worker was noted to have undergone an MRI of the cervical spine on 05/30/2013 with an unofficial read, which revealed status post anterior fusion C5-6. There was moderate bilateral neural foraminal narrowing secondary to 1 mm to 2 mm posterior disc bulge and uncovertebral osteophyte formation at C2-3 level, bilateral neural foraminal narrowing secondary to 1 mm to 2 mm posterior disc bulge and uncovertebral osteophyte at C3-4 level, moderate to severe left and mild right neural foraminal narrowing secondary to 1 mm to 2 mm posterior disc bulge and uncovertebral osteophyte formation at C4-5 level, and at C5-6, there was moderate to severe bilateral neural foraminal narrowing and mild canal stenosis secondary to 2 mm to 3 mm posterior disc bulge and uncovertebral osteophyte formation. On 03/05/2014, the injured worker was noted to have a second MRI of the cervical

spine, which revealed prominent left uncovertebral hypertrophy at C4-5 encroaching upon the left neural foramina and narrowing of the C6 interspace with spondylosis of adjacent margins. The physical examination of the cervical spine revealed the injured worker had a positive Spurling's sign bilaterally, producing bilateral scapular, shoulder, and upper arm pain. The injured worker had decreased range of motion and slight to moderate paracervical muscle spasms. The diagnosis included cervical radiculopathy. The injured worker was noted to be status post epidural injections in 2008 and 2009 with temporary improvement and persistence of residual significant pain in the cervical spine. The treatment plan included surgical intervention as per the consultation on 05/21/2014. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of instrumentation at C5-C6, exploration of fusion at C5-C6 and C4-C5 and C6-C7 and anterior cervical discectomy and fusion with instrumentation from C4-C7 between 11/18/2014 and 1/2/2015.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware implant removal (fixation), Fusion (spinal).

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. There was a lack of documentation of an official MRI and electrophysiological evidence to support the radicular finding. The request for a discectomy would not be supported. Without a discectomy, a fusion would not be supported as there would be no instability. The guidelines, however, do not specifically address hardware implant removal. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that hardware implant removal is not recommended except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. The clinical documentation submitted for review failed to provide documentation of x-rays to support broken hardware or nonunion. There was a lack of documentation indicating other causes of pain had been ruled out. This portion of the request would not be supported. Given the above, the request for Removal of instrumentation at C5-C6, exploration of fusion at C5-C6 and C4-C5 and C6-C7 and anterior cervical discectomy and fusion with instrumentation from C4-C7 between 11/18/2014 and 1/2/2015 is not medically necessary.

