

Case Number:	CM14-0217963		
Date Assigned:	01/07/2015	Date of Injury:	12/14/2011
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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: Minnesota, Florida
 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 59-year-old female, with a reported date of injury of 12/14/2011. The result was low back pain, neck pain, and bilateral shoulder pain. The current diagnoses include cervical spinal stenosis, brachial neuritis, and lumbar sprain. The past diagnoses include lumbar spine strain and cervical stenosis with radiculopathy. Treatments have included a lumbar brace; physical therapy; anterior cervical discectomy C4-5 with bilateral foraminotomies and complete decompression of the central spinal canal and nerve roots bilaterally and partial corpectomy posteriorly C4-5, anterior cervical interbody arthrodesis C4-5, use of interbody cage, and anterior cervical plating on 12/02/2014; an MRI of the cervical spine on 09/04/2014, which showed global disc desiccation and multilevel spondylosis, mild acquired central canal stenosis at C4-5, small protrusions, and straightening of the cervical spine; and Norco 5/325mg #60. The progress report dated 11/05/2014 indicates that the injured worker complained of neck pain, and bilateral shoulder/arm pain. The objective findings included tenderness, decreased range of motion of the cervical spine, spasm, decreased sensation at C5. The rationale for the request for neck surgery and a lumbar spine stimulator was not indicated. On 12/19/2014, Utilization Review (UR) denied the request for an anterior cervical discectomy and arthrodesis C4-5 with assistant surgeon and lumbar spine bone stimulator. The UR physician noted that the objective physical examination findings and the imaging studies were not united and there was no justification and clarification as to why the bone stimulator was request along with the cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Arthrodesis C4-5 with assistant surgeon [REDACTED]

[REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180.

Decision rationale: The injured worker is a 58-year-old right-hand-dominant female with a history of chronic neck pain with radiation to both upper extremities. Documentation indicates the presence of C5 radiculopathy in the upper extremities. An MRI scan revealed cervical spinal stenosis at C4-5 with some flattening of the cord from a midline herniation. A preoperative evaluation of November 7, 2014 revealed constant moderate to severe neck pain radiating to both upper extremities down to the elbows, worse on the left as compared to the right. She was initially evaluated on December 14, 2011 and tried physical therapy medications and a TENS unit. Acupuncture was also attempted but she did not improve. There is also a history of diabetes and smoking. California MTUS guidelines indicate within the first 3 months of onset of potentially work-related acute neck and upper back symptoms, consider surgery only if the following are detected: Severe spinovertebral pathology. Severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. Referral for surgical consultation is indicated for patients who have 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 electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term, and unresolved radicular symptoms after receiving conservative treatment. The injured worker meets the surgical criteria. As such, the request for anterior cervical discectomy and fusion at C4-5 was supported and the medical necessity of the request was substantiated.

Lumbar Spine Bone Stimulator: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Stimulator

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Neck Topic: Bone Growth Stimulators

Decision rationale: The bone growth stimulators may be considered medically necessary as an adjunct to spinal fusion when there is a history of current smoking habit and a history of diabetes. The injured worker met both of these criteria and as such, the request for a bone growth stimulator was reasonable and medically necessary.

