

Case Number:	CM14-0173498		
Date Assigned:	10/24/2014	Date of Injury:	07/20/2007
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 57-year-old male who reported an injury on 07/20/2007. The mechanism of injury was the injured worker was installing a 4-inch cast iron pipe weighing approximately 78 pounds overhead while standing on a scissor lift. Prior treatments and examinations included physical therapy, lumbar epidural steroid injection, multiple MRIs of the lumbar spine, micro lumbar discectomy at L4-5 on 03/12/2008, postoperative therapy sessions, a CT of the lumbar spine, an MRI of the cervical spine, and physical therapy including 8 sessions of physical therapy to the cervical spine. Medications included Norco 10/325 mg tablets. The injured worker was noted to be an everyday smoker. The injured worker underwent an MRI of the cervical spine on 08/05/2014, which revealed a combination of disc and osteophyte disease. There was facet arthropathy and uncovertebral spurring contributing to a mild to moderate bilateral C3-4, severe right and moderate to severe left C4-5, moderate to severe bilateral C5-6, and moderate to severe left and mild to moderate right C6-7 neural foraminal stenosis. There were no levels of high grade spinal canal narrowing. There were no imaging findings for acute fracture or soft tissue injuries. The injured worker underwent x-rays of the cervical spine on 07/02/2014 with flexion and extension, which revealed stable degenerative changes in the cervical spine when compared with prior examination. There was no evidence for anterolisthesis or retrolisthesis on the flexion and extension views. The documentation of 08/07/2014 revealed the injured worker had complaints of throbbing neck pain and right foot pain. His surgical history included 2 lumbar surgeries including fusion. The physical examination of the cervical spine revealed the injured worker had restricted range of motion of the cervical spine and an antalgic gait. The diagnoses included cervical degenerative disc disease and cervical stenosis. The documentation indicated the injured worker had trialed epidurals without success and did not wish to try them. The

treatment plan included an anterior cervical discectomy and fusion at C6-7. 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:

C6-C7 ACDF BB PLTG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG)

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 clinical documentation submitted for review failed to provide documentation of objective findings upon examination to support the necessity for surgical intervention. There was a lack of documentation indicating imaging or electrophysiological evidence to support the necessity for surgical intervention. The injured worker was noted to be a smoker and there was a lack of documentation of a discussion for smoking cessations, as smoking could interfere with the healing of the fusion. Given the above, the request for C6-7 ACDF BB PLTG is not medically necessary.