

Case Number:	CM14-0103705		
Date Assigned:	07/30/2014	Date of Injury:	11/30/1993
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/04/2014

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 Orthopaedic Surgery and is licensed to practice in California. 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:

This 70-year-old female sustained an industrial injury on 11/30/93. Injury occurred when she slipped and fell onto her left knee. The 4/18/14 orthopedic report cited increasing right thumb, index and long finger numbness and pain radiating from her shoulder into her hand and minimal neck discomfort and pain. Physical exam documented moderate loss of cervical extension and rotation, symmetrical grip strength at 45 pounds, marked decreased sensation in the right thumb, index and long fingers, and negative Tinel's at the wrist and elbow. A cervical MRI and EMG/NCV was recommended. The 4/28/14 cervical MRI impression documented multilevel cervical spondylosis. There was mild disc degeneration with posterior disc protrusion at C3/4 causing mild canal stenosis and cord compression with mild to moderate neuroforaminal narrowing. There was a posterior disc protrusion at C4/5 with mild canal stenosis and cord compression with moderate to severe neuroforaminal narrowing. There was moderate disc degeneration with posterior disc protrusion and posterior endplate osteophyte ridge at C4/5 with severe bilateral neuroforaminal narrowing. There was a posterior disc protrusion at C6/7 with moderate bilateral neuroforaminal narrowing. The canal was mildly narrowed with slight compression of the ventral surface of the cord. At C7-T1, there is severe right and mild left facet arthropathy and moderate right neuroforaminal narrowing. The 6/3/14 EMG/NCV showed severe motor and sensory entrapment consistent with right carpal tunnel syndrome. There were no EMG abnormalities to indicate axonal loss or nerve injury relative to the cervical spine. The 6/13/14 orthopedic report cited right upper extremity tingling, numbness and weakness and neck pain. Pain was incapacitating and activities of daily living were affected. There were cervical MRI findings of severe multilevel cervical degenerative spondylosis and stenosis. There was a severe osteophyte disc complex at C4/5 causing severe right foraminal stenosis, and also at C5/6 and C6/7. There was anterior spinal cord compression at C6/7 along the ventral surface of the

dura. Non-operative treatment had included physical therapy, medications, epidural steroid injections, activity modification and rest. Surgery was recommended to include anterior cervical discectomy and fusion from C4-7 with allograft bone and anterior cervical instrumentation and a concomitant right carpal tunnel release. The 6/23/14 utilization review denied the request for anterior cervical discectomy and fusion at C4-C7 as there was no evidence of nerve root injury to the cervical spine. Findings were consistent with severe right carpal tunnel syndrome and a carpal tunnel release deemed medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy with fusion from C4-C7 with allograft bone and anterior cervical instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Neck & Upper Back Procedure Summary.

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) Neck and Upper Back, Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the cervical spine had been tried and failed. There is no current documentation of clinical findings (at each and every level considered) evidencing nerve root compromise consistent with the reported MRI findings. EMG findings indicated there was no axonal loss or nerve injury relative to the cervical spine. A psychological screen for surgical clearance is not evidenced. There is no documented segmental instability. Therefore, this request for anterior cervical discectomy with fusion from C4-C7 with allograft bone and anterior cervical instrumentation is not medically necessary.