

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0023489 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 12/15/2011 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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 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:

The patient is a 53 year old male who was injured on 12/15/2011 with cumulative trauma since 1996. Prior treatment history has included Gabapentin, Etodolac. The patient underwent a right ulnar nerve transposition and bilateral carpal tunnel release. The patient received epidural steroid injections. Diagnostic studies reviewed include EMG/NCV of the upper extremity dated 05/07/2014 revealed evidence of bilateral carpal tunnel syndrome as well as a right ulnar neuropathy. There are C7/C8 radiculopathies. MRI of the cervical spine without contrast dated 01/02/2014 revealed 1) Mild to moderate unchanged central canal stenosis at C6-C7, C6-C7 and C7-T1. AP diameter of the central thecal sac measures 7 mm at these levels. 2) Grossly unchanged annular tearing with disc disease at C5-C6 and C6-C7. 3) At the C7-T1 level, there is grossly unchanged (borderline to marked) right lateral recess encroachment with moderate to marked bilateral neural foraminal narrowing; 4) At the C6-C7 level, there is mild to moderate left lateral recess encroachment. 5) At C5-C6 levels, there is unchanged mild to moderate lateral recess encroachment and neural foraminal narrowing. There is a minimal Grade I anterolisthesis of C6 on C7 measuring 1 mm. Consultation report dated 06/02/2014 documented the patient had complaints involving right cervical thoracic pain, right worse than left, extending into the anterior/superior shoulder and posterior arm and ulnar forearm to the ulnar hand. He reported that the pain is constant in nature. He reported marked numbness which is constant but varies in intensity. He stated he had a weak grip. On exam, he has significant head forward position in the sagittal plane. Cervical range of motion is restricted in extension with pain. He had limited flexion. His lateral bend measures 25 degrees bilaterally and rotation measures 70 degrees bilaterally. The Spurling's maneuver reproduces right cervicothoracic pain. Neuro exam revealed decreased sensation of the ulnar forearm and hand as well as posterior arm. Motor strength shows 4-/5 weaknesses of the finger abductors. He had noted atrophy of the abductor

digiti quinti and first dorsal interosseous muscle on the right. There is 4/5 C7 weakness involving right wrist ulnar dorsiflexion and radial wrist flexion. The patient was diagnosed with multilevel cervical spinal stenosis, left paracentral disc protrusion, C6-C7 and moderate to marked bilateral neural foraminal stenosis, C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DECOMPRESSION AND FUSION C5-6, C6-7, C7-T1:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS 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), Neck, Fusion, anterior cervical.

Decision rationale: According to the CA MTUS guidelines, discectomy and fusion of cervical spine is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. According to the ODG, anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. The medical records document the patient was diagnosed with multilevel cervical spinal stenosis, left paracentral disc protrusion of C6-C7 and moderate to marked bilateral neural foraminal stenosis of C7-T1. These diagnoses are supported by MRI dated 01/02/2014 with positive EMG/NCV dated 05/07/2014 for bilateral C7-C8 radiculopathy and right ulnar neuropathy. Objective findings of physical examination as documented in the progress report dated 6/2/2014 revealed persistent neck pain radiating to upper extremities, stiffness, significant decreased sensation of the ulnar forearm and hand as well as posterior arm. There was mild weakness and atrophy of the abductor digiti minimi and first dorsal interosseous muscle on the right. The clinical information submitted for review supports the failure of conservative care, evidence of subjective and objective findings that supports the requested cervical fusion at C5-C6, C6-C7, and C7-T1. Thus, the request is medically necessary according to the guidelines.