

Case Number:	CM14-0044711		
Date Assigned:	07/02/2014	Date of Injury:	03/03/2010
Decision Date:	08/08/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/11/2014

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:

The injured worker is a 54 year old parts stocker and runner for an auto parts store who sustained an injury to the cervical spine in a motor vehicle accident on 3/3/10. This was diagnosed as a cervical sprain and accepted on an industrial basis. The injured worker was treated conservatively with medications and physical therapy. She returned to work at her usual job, but had persistent complaints of neck and bilateral upper extremity pain, right greater than left with complaints of numbness and tingling into the hands. A cumulative trauma claim for 7/9/11-7/9/12 was also entered, but this has been denied by her carrier. The injured worker complained of escalating neck and bilateral upper extremity pain, numbness and paresthesias. X-rays of the cervical spine demonstrated degenerative disc disease and magnetic resonance imaging of the cervical spine was consistent with multilevel degenerative disc disease with central and bilateral foraminal stenosis at all four levels. The injured worker was noted to have consistently decreased sensation in the bilateral distributions with positive Spurling's and axial compression testing on 3/10/14. An electromyography/nerve conduction test on 5/3/13 was consistent with radiculopathy. She has not responded to cervical epidural steroid injection, chiropractic manipulation, physical therapy, medications including muscle relaxants, non-steroidal anti-inflammatory drugs and analgesics, activity modification and rest. An anterior cervical discectomy and fusion was recommended. This was certified by the carrier on 3/19/14 based on the recommendations of the American College of Occupational and Environmental Medicine and Official Disability Guidelines with a one day hospital stay, neck brace and 18 post operative physical therapy sessions, 3 times per week for 6 weeks. The injured worker underwent an anterior cervical discectomy and fusion on 4/14/14 and was discharged to home on 4/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Discectomy w/instrumentation/Fusion C5-C6 with an assistant surgeon:

Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion-anterior cervical Official Disability Guidelines (ODG), Neck and Upper Back, Discectomy-laminectomy-laminoplasty.

Decision rationale: The Medical Treatment Utilization Schedule guidelines do not address cervical fusion. The American College of Occupational and Environmental Medicine guidelines recommend: Cervical discectomy with fusion to speed recovery in individuals with chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate non-operative therapy. The injured worker has consistently demonstrated signs and symptoms of a C5-6 radiculopathy for two years, corroborated by electrodiagnostic testing and imaging studies. She has not responded to extensive conservative treatment since 2010 and her pain complaints are escalating. The American College of Occupational and Environmental Medicine guidelines are met and the C5-6 anterior cervical discectomy and fusion of 4/14/14 is recommended for certification. The Official Disability Guidelines state for cervical discectomy and fusion: A. There must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test. (MET: documented) B. There should be evidence of motor deficit or reflex changes or positive electromyogram findings that correlate with the cervical level. Note: Despite what the Washington State guidelines say, Official Disability Guidelines recommend that electromyogram is optional if there is other evidence of motor deficit or reflex changes. An electromyogram is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see electromyogram. (MET: documented on clinical examination and electrodiagnostic testing at the C5-6 level) C. An abnormal imaging (computed tomography/myelogram and/or magnetic resonance imaging) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex, or electromyogram changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. (MET: imaging studies confirm central and foraminal stenosis at the C4-5 and C5-6 levels; the patient had a preponderance of C6 symptoms and signs) D. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures. (MET: no comorbidities identified as an etiology of the injured worker's signs and symptoms) E. There must be evidence that the individual has received and failed at least a 6-8

week trial of conservative care. (MET: Documented)As the Official Disability Guidelines criteria were met, the C5-6 anterior cervical discectomy and fusion of 4/14/14 is recommended for certification. No previous denial was documented.

Inpatient Stay x 1-2 days: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Hospital length of stay (LOS).

Decision rationale: The Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine guidelines do not address length of hospital stay following a cervical anterior discectomy and fusion. The Official Disability Guidelines state:Cervical Fusion, Anterior (81.02 -- Other cervical fusion, anterior technique)Actual data -- median 1 day; mean 2.2 days (0.1); discharges 161, 76Best practice target (no complications) -- 1 daysTherefore, as the best practices target is for a one day postoperative stay, a one day postoperative stay is recommended for certification with additional days based on any postoperative complications that may develop. According to submitted records, the carrier has already certified the length of stay as 1 day in the determination letter dated 3/19/14.

Neck Brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Collars (cervical).

Decision rationale: The American College of Environmental and Occupational Medicine and Official Disability Guidelines both recommend the use of a postoperative brace following cervical fusion procedures. As the injured worker underwent a cervical discectomy and fusion, the use of the cervical brace after surgery is recommended for certification. No denial is documented.

Post Op Physical Therapy 3 x 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation ODG), Neck and Upper Back, Physical Therapy.

Decision rationale: The Medical Treatment Utilization Schedule guidelines allow up to 24 postoperative physical therapy visits over 16 weeks following cervical fusion. The Official Disability Guidelines recommend the same regiment. The request is for 18 postoperative physical therapy visits, three times a week for six weeks, which is within the recommended guidelines. The request is therefore recommended for certification. There is no documentation of a previous denial.