

Case Number:	CM14-0075608		
Date Assigned:	07/16/2014	Date of Injury:	10/11/2012
Decision Date:	08/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 58-year-old male rig welder sustained an industrial injury on 10/11/12. Injury occurred when he tried to catch a large and heavy metal gate that was falling, injuring his right shoulder and neck. The 9/11/13 cervical spine MRI conclusion documented multilevel degenerative changes, predominantly involving discogenic disease and uncovertebral arthropathy, with severe neuroforaminal stenosis bilaterally at C3/4 and on the left at C5/6 and C6/7. There was moderate central canal narrowing at C6/7 and mild central canal narrowing C3/4 through C5/6. The 9/27/13 EMG/NCV study impression relative to left upper extremity showed a multiple root cervical radiculopathy involving C5 and C6. There were findings compatible with minimal carpal tunnel syndrome on the left. The 11/7/13 cervical spine x-rays showed multilevel end-stage degenerative disc disease C2 to C6 with diffuse spondylotic changes noted. The 1/31/14 second opinion neurosurgery report recommended posterior cervical foraminotomy at C4/5 and C5/6. The consultant did not feel there was good clinical justification for a 4 level cervical fusion from C3 to C7 as the only symptomatic levels were C5/6 and C6/7 on the left. The 3/4/14 treating physician progress report cited severe debilitating cervical pain with occasional radiating pain to the bilateral upper extremities. There was no change in his condition and he had failed conservative treatment. The physical exam documented the patient smelled heavily of tobacco smoke. There was tenderness to palpation over the cervicothoracic junction, levator scapular, and trapezial regions. Range of motion was limited by pain in all planes. Sensation was diminished in the left C5 and C6 dermatomes. Motor exam revealed weakness in grip strength and left wrist flexion. The treating physician recommended anterior cervical discectomy and fusion at 3 levels from C4/5 to C6/7 with PEEK interbody cage, graft substitute, and anterior plate fixation. He opined that posterior cervical foraminotomy at C4/5 and C5/6 would only be temporary given the end-stage degenerative disc disease. Smoking cessation would be required before proceeding

with surgical intervention. The 5/13/14 utilization review denied the request for anterior cervical discectomy and fusion as the patient was a smoker with no evidence of smoking cessation. The 6/30/14 requesting physician report indicated the patient was a current smoker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy fusion C4-5, C5-6, C6-7 with possible bone bank graft, possible PEEK ring allograft, possible bone marrow aspirate, possible bone marrow substitute and anterior plate fixation, possible use of skull tongs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability guideline.

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, Fusion, anterior cervical. Plate fixation, cervical spine surgery.

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 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. Because of the high risk of pseudoarthrosis, a smoker anticipating a spinal fusion should adhere to a tobacco-cessation program that results in abstinence from tobacco for at least six weeks prior to surgery. Guideline criteria have not been met. The patient presents with electrodiagnostic evidence of C5 and C6 radiculopathy with associated clinical findings. There was significant functional impairment precluding return to work. Reasonable conservative treatment had been tried and had failed. Pre-op psychosocial screening was not evident. Smoking cessation has not been documented. Therefore, this request for a cervical discectomy fusion C4-5, C5-6, C6-7 with possible bone bank graft, possible PEEK ring allograft, possible bone marrow aspirate, possible bone marrow substitute and anterior plate fixation, possible use of skull tongs is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: As the request for anterior cervical discectomy and fusion is not medically necessary, the associated request for an assistant surgeon is also not medically necessary.

1 Day Inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines.

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: As the request for anterior cervical discectomy and fusion is not medically necessary, the associated request for a one day inpatient stay is also not medically necessary.

Pre-op Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: As the request for anterior cervical discectomy and fusion is not medically necessary, the associated request for pre-op medical clearance is also not medically necessary.