

Case Number:	CM13-0028565		
Date Assigned:	11/27/2013	Date of Injury:	07/01/2003
Decision Date:	04/21/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 53-year-old female who sustained an industrial injury on 7/01/03. The mechanism of injury was documented as cumulative trauma. The 3/12/13 agreed medical examiner report documented extensive treatment to the cervical spine. A series of medial branch blocks were reported as providing instant relief, and trigger point injections were reported as helpful. MRI findings were reported as slightly worsened at C6/7, but the patient had mild multilevel disease without any localizing findings, in the clinical context of diffuse myofascial pain from the neck to the upper back and bilateral upper extremities. Deep tendon reflexes and motor exam were within normal limits. Electrodiagnostic studies were performed and were entirely within normal limits. A minimal to mild broad-based disc bulge was reported at C6/7 that abutted the arachnoid space but did not about the exiting external rotation or cause pressure on the spinal cord. The treatment recommendations included trigger point injections, continued medication management, soft cervical collar, TENS unit, and development of an independent exercise program. The 8/17/13 neurosurgical appeal letter stated that the injured worker had cervical myelopathy, neck pain, cervical stenosis, and spondylosis and was felt to be a good candidate for surgery. The MRI showed C6/7 degenerative disc disease with right herniated nucleus pulposus putting pressure on the spinal cord. She was getting worse and having more myelopathy symptoms. She had tried multiple conservative treatments without adequate relief. The 9/10/13 pain management report indicated cervical pain was worse with throbbing pain down the shoulder and arm with intermittent numbness. She was stable and functional with medications (Norco, Soma, and methadone). Pain was grade 9/10. Physical exam documented

paracervical and trapezii tenderness and painful cervical muscles with range of motion. There was 4/5 cervical flexion, bilateral shoulder flexion, and bilateral elbow flexion weakness. There was pain with bilateral shoulder abduction and external rotation and tenderness over the glenohumeral and acromioclavicular (AC) joints. The diagnosis included myofascial pain syndrome, myalgia, joint pain arm, cervical pain/cervicalgia, and shoulder region disorder. A request for anterior cervical discectomy and fusion at C6/7 was submitted. The 9/18/13 utilization review non-certified the request for anterior cervical discectomy and fusion at C6/7 based on an absence of physical findings to indicate nerve root compression resulting in radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY C6-C7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

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) provides 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 radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings 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 been met. This patient presents with worsening neck and upper extremity pain with intermittent numbness and cervical myelopathy. Clinical exam findings correlate with reported imaging findings of neuro/spinal cord compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

CERVICAL FUSION C6-C7 ANTERIOR TECHNIQUE: 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): 179-181. 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 radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings 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 been met. This patient presents with worsening neck and upper extremity pain with intermittent numbness and cervical myelopathy. Clinical exam findings correlate with reported imaging findings of neuro/spinal cord compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.