

Case Number:	CM14-0038242		
Date Assigned:	06/25/2014	Date of Injury:	04/04/2011
Decision Date:	04/22/2015	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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. 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: Minnesota, Florida

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 70-year-old male with a date of injury of 4/4/2011. Per documentation of December 13, 2013, he complained of neck pain of moderate to moderately severe degree radiating to both upper extremities accompanied by headaches, numbness of the right thumb and index finger with associated weakness. He also reported constant moderate to moderately severe pain in the lumbosacral spine radiating to both lower extremities with associated generalized loss of sensation of both lower extremities and weakness. Physical examination revealed tenderness in the mid and lower cervical area with paraspinal muscle guarding and moderate trapezius spasm and tenderness. Flexion was 25° and extension 25°. Lateral flexion to the left was 15° and to the right 15°. Rotation to the left was 50° and to the right 50°. Neurological examination revealed hypoesthesia of the right thumb and index finger. There was weakness of grip in the right hand. Deep tendon reflexes were 1+ bilaterally. Examination of the lower extremities did not reveal any localized sensory deficit. There was generalized hypoesthesia reported. Motor examination revealed weakness of the left great toe extensor and foot dorsiflexors and also the left quadriceps femoris muscle. Deep tendon reflexes were 2+ in both knees and 1+ in both ankles. Straight leg raising was positive at 16° on the right and 60° on the left. Sciatic stretch signs were reported to be negative. The diagnosis was cervical spondylosis, multilevel, clinically significant at C5-6 and C6-7. The diagnosis with regard to the lower back was degenerative disc disease, clinically and radiographically more significant at L4-5 and L5-S1. The discussion indicates that there was a discogram performed on August 19, 2013 which revealed fully concordant pain at C5-6 and C6-7 and moderate discordant pain at C4-5 level. EMG and nerve

conduction studies were performed on May 7, 2013 revealing evidence of bilateral C5 and C6 cervical radiculopathy. MRI scan of the cervical spine dated 4/8/2013 revealed at C4-5: There is a 3 mm broad-based disc bulge extending into bilateral neural foraminal narrowing. Mild to moderate central canal stenosis. C5-6: There is a 3 mm broad-based disc bulge with right lateral prominence causing mild to moderate bilateral neural foraminal narrowing. Mild to moderate central canal stenosis. At C6-7: 3-millimeter protrusion indenting the cord as well as thecal sac. Mild central canal stenosis. Mild bilateral neural foraminal narrowing. A request was made for surgery consisting of anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 with iliac aspiration, interbody cage and cervical plate. The request was noncertified by utilization review as there was no documentation of conservative treatment with physical therapy and no evidence of instability on flexion/extension views was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Fusion and Discectomy of C4-5, C5-6 and C6-7 with Iliac Aspiration, Interbody Cage and Cervical Plate: 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 (ODG) Hospital length of stay (LOS) guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180, 181, 183.

Decision rationale: The California MTUS guidelines indicate surgical considerations for severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. A documentation of conservative therapy was requested by utilization review but the necessary records were not received. The guidelines also indicate that the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The available documentation does not include flexion/extension films of the cervical spine demonstrating instability. As such, the guidelines requirement of instability has not been met. The guidelines also recommend a preoperative psychological evaluation. The available documentation does not indicate that this was done. In light of the above, the request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 with iliac aspiration, interbody cage and cervical plate is not supported and as such, the medical necessity of the request has not been substantiated.

Inpatient Stay (2-days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hospital length of stay (LOS) guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180, 181, 183.

Decision rationale: The requested surgery is not medically necessary. Therefore, the associated request for a two-day in-patient stay is also not medically necessary.