

Case Number:	CM14-0098773		
Date Assigned:	07/28/2014	Date of Injury:	08/15/2013
Decision Date:	04/21/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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: 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 56-year-old male who sustained an industrial injury on 8/05/13. Injury occurred when a chair broke and he fell. The 12/16/13 cervical MRI impression documented moderate to severe central canal stenosis at C6/7 with severe right and mild left neuroforaminal stenosis. There was moderate central canal stenosis at C5/6 with moderate to severe right and mild to moderate left neuroforaminal stenosis. There was less significant degenerative changes elsewhere in the cervical spine. There was partial bony bridging between the C2 and C3 vertebrae compatible with congenital failure of segmentation. The patient underwent epidural steroid injections at C5, C6, and C7/T1 on 1/27/14. The 3/21/14 initial spine evaluation cited neck pain radiating to both arms, and low back pain radiating to the right leg. Pain was grade 9/10. He had minimal improvement with anti-inflammatories, physical therapy, and epidural steroid injections. Cervical spine exam documented paraspinal tenderness, full range of motion, and positive Romberg's sign. Upper extremity sensation was intact in all dermatomes, deep tendon reflexes were +2 and symmetrical, and strength was 5/5. Lumbar spine exam documented paraspinal tenderness, and normal range of motion. There was normal strength, decreased right L5 sensation, +2 and symmetrical deep tendon reflexes, negative Achilles clonus, and negative straight leg raise. The assessment was cervical and lumbar radiculitis. Cervical MRI showed C5 through C7 disc herniation with fusion of C2 through C3. Lumbar MRI showed L5/S1 spondylolisthesis with severe foraminal stenosis. The patient had failed conservative treatment and was a candidate for C4-C6 anterior cervical discectomy and fusion and L5/S1 decompression and fusion. The 5/30/14 spine surgery report cited no improvement in cervical

symptoms. Physical exam documented paraspinal tenderness, full range of motion, negative Hoffman's, positive Romberg's, and normal upper extremity range of motion. Upper extremity strength, sensation, and reflexes were within normal limits. The surgeon noted that there was severe stenosis at C5/6 and imaging findings at C4/5 were only mild. He amended the request to anterior cervical discectomy and fusion at the C5 through C6 level. The 6/12/14 utilization review non-certified the original request for anterior cervical discectomy and fusion at C4-C6 based on no documentation of subjective and objective radicular findings in the requested nerve root distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion @ C4-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter: Discectomy-laminectomy-laminoplasty, Cervical surgery, cervical fusion.

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. If there is no evidence of sensory, motor, reflex or EMG 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. Guideline criteria have not been met. The patient presents with neck pain radiating to both arms that failed to improve with anti-inflammatories, physical therapy, and one epidural steroid injection at C5, C6, and C7. There is imaging evidence of severe central canal stenosis at C6/7 and moderate central canal stenosis at C5/6 with severe right neuroforaminal stenosis at both levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, upper extremity strength, sensation and reflexes are normal. There is no documentation of a specific response to the epidural steroid injection to correlate with imaging in the absence of clinical findings. Additionally, the treating physician report has subsequently amended the requested surgical levels. Therefore, this request is not medically necessary.