

Case Number:	CM15-0102718		
Date Assigned:	06/05/2015	Date of Injury:	01/03/2014
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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:

This injured worker is a 39-year-old female who sustained an industrial injury on 1/3/14. Injury occurred when she felt sick at work, felt lightheaded, lost consciousness and fell to the floor. Past medical history was positive for pseudoseizures, depression and anxiety. The 1/3/14 cervical CT scan impression documented no fracture or evidence for a significant traumatic injury to the cervical spine. The 6/9/14 cervical spine MRI impression documented straightening of the cervical lordosis attributable to muscle spasms versus patient positioning. There was a left paraspinal 2 mm disc protrusion at C5/6 with no central canal or neuroforaminal stenosis. The 9/3/14 electrodiagnostic study evidenced a right greater than left median nerve lesion at the wrists. There was no evidence of cervical radiculopathy. The 9/3/14 electroencephalography report documented a normal EEG study. A right C5/6 transforaminal epidural steroid injection was performed 11/14/14. The 1/21/15 treating physician report indicated that cervical spine pain had decreased quite a bit with increased range of motion following cervical epidural steroid injection on 11/14/14. The injured worker reported that she now had no pain when doing dishes. The 2/21/15 emergency department report indicated the injured worker presented with complaints of depression and suicidality. The 5/6/15 treating physician report cited worsening neck and right arm pain. The injured worker reported the epidural steroid injection wore off about one month ago. She stated that she was absolutely miserable with a two week history of difficulty sleeping due to pain. Physical exam was remarkable for cervical spine paraspinal muscle spasms with limited range of motion. There was 4/5 right biceps and triceps weakness, and intact upper extremity sensation bilaterally. The injured worker had tried all the non-

operative care including epidural steroid injection, physical therapy, and had continued significant pain. Surgical intervention was opined the only chance of helping her. Authorization was requested for anterior cervical discectomy and fusion at C5/6. The 5/18/15 utilization review non-certified the request for anterior cervical discectomy and fusion at C5/6 as there was no documentation of radicular pain in a dermatomal distribution, no cord changes or central canal or foraminal stenosis at C5/6, and no radiculopathy per EMG study.

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 at level C5-6: Upheld

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. 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. This injured worker presents with complaint of worsening neck and right arm pain. A radicular pain pattern was not documented and EMG was negative for cervical radiculopathy. There was clinical exam evidence of right biceps and triceps weakness and imaging evidence of a 2 mm disc protrusion at C5/6. However, there was no central canal or neuroforaminal stenosis to evidence nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial has been submitted. Significant relief was documented with epidural steroid injection at C5/6 with 4 to 5 months of pain relief and functional improvement. There is significant psychiatric co-morbidity noted with no evidence of psychological clearance for surgery. Therefore, this request is not medically necessary.