

Case Number:	CM15-0109493		
Date Assigned:	06/16/2015	Date of Injury:	10/01/2003
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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:

The injured worker is a 39-year-old male who sustained an industrial injury on 10/01/03. Injury occurred when he was walking down a customer's driveway and was attacked by a swarm of bees. He received numerous stings to his head, face and neck, and especially around the right eye resulting in optic neuritis and visual loss. Past medical history was positive for deep vein thrombosis and multiple pulmonary emboli, hypertension, long term steroid use, gastro-esophageal reflux disease, irritable bowel syndrome, and depression. The 5/8/15 cervical spine MRI impression documented anterior osteophytes from C5/6 and C6/7. There was a 3 mm disc osteophyte complex at C5/6 causing moderate to severe right neuroforaminal narrowing. There was a 2 mm disc osteophyte complex at C6/7 extending into the left neural foramina causing moderate to severe left neuroforaminal narrowing with no evidence of spinal stenosis. There was degenerative endplate changes at C5/6 and C5/6. The 5/15/15 treating physician report cited grade 6/10 neck pain with right shoulder and arm symptoms with positive right Spurling's test. The injured worker reported a marked increase over the past 10 day in right hand weakness and thumb and index finger numbness. He reported that he had minimal movement in the fingers of the right hand and difficulty holding anything in the right hand. Physical exam documented decreased spinal range of motion in all planes. There was decreased right C6 dermatomal sensation with no sensation on the dorsal side of the right thumb and index finger. Motor examination documented right wrist extensors and interossei 1/5, finger extensors and external rotators 4/5, wrist flexors, internal rotators and triceps 4+/5, and deltoid 5-/5. Tinel's and Phalen's were negative at the right wrist. Upper extremity reflexes were intact bilaterally.

Authorization was requested for C5-6 and C6-7 anterior cervical decompression and fusion with instrumentation and pre-operative medical clearance to include medical consultation for history and physical, EKG, chest X-ray, and labs including chemistry panel, CBC, UA, APTT, PT and type and screen. The 5/29/15 utilization review non-certified the request for C5/6 and C6/7 anterior cervical discectomy and fusion with instrumentation and associated pre-operative clearances as there was no evidence of recent conservative treatment. The 6/11/15 treating physician report stated that the injured worker had devastating weakness in his right hand and was struggling to deal with the weakness and current limitations. He has severe neck and shoulder pain radiating down the right arm. He reported pins and needles throughout the upper extremities and severe numbness in the right thumb and index finger. He did not have hand pain but was completely incapable of mobility from the wrist. He woke up about a month ago and was unable to move his right wrist and had minimal movement in the right hand fingers. He denied any recent injuries. He was using a wrist brace to support the wrist. He had a neurology consult with a diagnosis of possible radial palsy and that it would improve within a few weeks to few months. Physical exam documented no sensation on the dorsal side of the right thumb and index fingers consistent with the C6 dermatome. Muscle strength testing documented wrist extensors 1/5 right, interossei 2/5 right, finger extensors and external rotators 4/5 right, wrist flexors, internal rotators and triceps 4+/5 right, and deltoid 5-/5 right. Spurling's was positive on the right. Upper extremity reflexes were intact. Tinel's and Phalen's were negative at the wrist. Appeal of the denial of anterior cervical discectomy and fusion C5/6 and C6/7 was requested. The injured worker had severe neck pain with radiating right arm symptoms, and persistent and severe weakness and numbness in the right hand/wrist that had not improved in the past month. He had major neurologic deficits. Weakness is significant and worsening, and he was running the risk of permanent nerve damage with surgical delay.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 and C6-7 anterior cervical decompression and fusion with instrumentation:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic); 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 been met. This patient presents with severe neck pain radiating into the right arm with severe progressive neurologic deficits. Clinical exam findings documented positive Spurling's, sensory loss, and motor deficit consistent with imaging evidence of plausible C5/6 and C6/7 neurocompression. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-operative medical clearance to include medical consultation for history and physical, EKG, chest X-ray, and labs including chem panel, CBC, UA, APTT, PT, type and screen:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bloomington (MN): Institute for clinical systems improvement (ICSI) 2014; Mar 124 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.; Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): 522-38; ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. This injured worker has significant medical comorbidities and past medical history. Guideline criteria have been met based on patient comorbidities, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.