

Case Number:	CM15-0109594		
Date Assigned:	06/16/2015	Date of Injury:	02/02/2015
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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 52-year-old male who sustained an industrial injury on 2/2/15, relative to a fall from a 10-foot ladder. Injuries were sustained to the face, head, neck, left shoulder, right shoulder and right elbow, and he was hospitalized for 3 days. The 2/3/15 cervical spine MRI impression documented edema within the anterosuperior endplate of C4 with height loss, which was indeterminate and could represent microfracture versus degenerative disease. There were degenerative changes at C5/6 with a dorsal disc osteophyte complex, disc protrusion and ligamentum flavum buckling resulting in compression of the cervical spinal cord without cord signal abnormality, and moderate severe bilateral foraminal stenosis. Records documented a positive left Spurling's test. The 2/20/15 treating physician report cited severe neck and left arm pain. He had been treated with a cervical collar and medications without improvement. Physical exam documented the injured worker to be very uncomfortable. He described paresthesia down the arm in a C6 dermatomal pattern. There was good upper and lower extremity strength but testing was limited due to pain. Imaging showed a left C5/6 disc herniation compressing the exiting C6 nerve root. The treatment plan included Medrol Dosepak and anti-inflammatory medications, and referral for epidural steroid injection at C5/6. Surgical intervention would be reasonable given the size of the disc herniation and amount of pain. The 3/9/15 cervical spine x-rays revealed moderate degenerative changes from C4 to C7. The 4/13/15 treating physician report cited persistent severe pain in the left neck/shoulder area with burning and numbness radiating down the left arm into the fingers, worse in the 1st-3rd digits. He also had pain in the right neck/shoulder area that was not as severe with intermittent numbness/burning in the dorsal

right arm. MRI showed C5/6 disc herniation with impingement on the C6 nerve roots and cord compression without cord signal abnormality. He had tried anti-inflammatories and Medrol Dosepak which did not help. He was taking Norco 1 to 2 tabs every 4 to 6 hours without much pain relief. He was using a cervical collar which much pain relief. He reported a few episodes of falling due to his knees buckling and legs giving out. He reported that he would be standing then suddenly feel his thighs were very weak and fall. He was noted to be a current smoker. Cervical exam documented inability to turn his head left or right, with flexion/extension limited due to pain. There was bilateral deltoid weakness, normal lower extremity strength, and intact upper and lower extremity deep tendon reflexes. The diagnosis was status post mechanical fall with cervical degenerative disc disease and disc herniation. The treatment plan recommended epidural steroid injections, gabapentin and Norco. An epidural steroid injection was performed on 5/5/15. The 5/20/15 treating physician report cited continued left arm pain which was felt to be coming from the C5/6 foraminal stenosis from a calcified disc protrusion. He had tried an injection which was not helpful. He was asked to quit smoking for 4 weeks before proceeding with surgery. Authorization was requested for C5/6 anterior cervical discectomy and fusion. The 5/29/15 utilization review non-certified the request for C5/6 anterior cervical discectomy and fusion as there was no physical exam findings of a neurologic nature correlating to the C5/6 level and no indication that the injured worker had been afforded a trial of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 anterior cervical decompression/fusion: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) Chapter.

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 injured worker presents with persistent severe neck and left arm burning pain and numbness in a C6 distribution, and positive Spurling's test. Clinical exam findings documented motor deficit consistent with imaging evidence of cord compression at C5/6. Evidence of a recent, reasonable and/or comprehensive non-operative

treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.