

Case Number:	CM15-0109776		
Date Assigned:	06/16/2015	Date of Injury:	11/28/2011
Decision Date:	07/15/2015	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 56-year-old male who sustained an industrial injury on 11/28/11. Injury was reported due to continuous trauma in his work as a chef. Past medical history was positive for hypertension, gastroesophageal reflux disease, irritable bowel syndrome, possible diabetes, and anxiety, stress, and depression. Past surgical history was positive left knee surgery on 9/15/08, right shoulder arthroscopy with rotator cuff repair subacromial decompression, and Mumford on 5/16/13, and L3-S1 micro-decompression on 10/31/14. The 4/3/15 cervical spine MRI impression documented a wide-based disc protrusion at C4/5 with partial effacement of the anterior CSF space. There was uncinete hypertrophy and marginal osteophyte formation in the right and left lateral extension of the disc protrusion resulting in moderate bilateral neuroforaminal stenosis. At C5/6, there was disc height loss. Uncinate hypertrophy and marginal osteophyte formation was seen along with a wide based disc protrusion, complete effacement of the anterior CSF space and slight flattening of the anterior contour of the cord. There was mild ligamentum flavum thickening. The combination of right and left lateral extension of the disc protrusion, uncinete hypertrophy, and marginal osteophyte formation resulted in severe bilateral neuroforaminal stenosis. The 4/13/15 electrodiagnostic study demonstrated no evidence of cervical radiculopathy. Findings were consistent with moderate bilateral carpal tunnel syndrome and mild cubital tunnel syndrome. The 5/14/15 treating physician report cited chronic unremitting cervical spine pain radiating into the left upper extremity. Cervical spine exam documented tenderness and spasms in the paravertebral muscles, decreased grip strength bilaterally, 4/5 elbow flexion/extension weakness, and dysesthesia in the

C5, C6, and C7 dermatomal distributions bilaterally, worse on the left. Imaging showed decreased disc space and posterior disc protrusions at C4/5 and C5/6 with end plate changes. The diagnosis included cervical radiculopathy. The injured worker was a previous smoker. Authorization was requested for anterior cervical discectomy and fusion with instrumentation at C4/5 and C5/6, bone growth stimulator purchase, and unspecified length of stay. The 5/29/15 utilization review non-certified the anterior cervical discectomy and fusion at C4/5 and C5/6, and associated surgical requests, as there was no imaging evidence of nerve root compression, no documentation of a focal deficit, and EMG was negative for cervical radiculopathy.

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 with instrumentation at C4-5 and C5-6:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 179-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 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) provides 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 unremitting cervical pain radiating to the left upper extremity. Clinical exam findings are consistent with imaging evidence of cord compression at the C4/5 and C5/6 levels. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Post-op DME: Bone growth stimulator purchase: Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Bone growth stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Bone-growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that the use of bone growth stimulation remains under study for the cervical spinal fusion. Bone growth stimulators may be considered medically necessary as an adjunct to lumbar fusion for patients with any of the following risk factors for failed fusion: one of more previous failed spinal fusion(s); grade III or worse spondylolisthesis; multilevel fusion; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis. Guideline criteria have been met for the use of a bone growth stimulator as a two-level fusion is planned and past medical history was positive for possible diabetes. Therefore, this request is medically necessary.

Associated surgical service: Length of stay unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical discectomy and fusion is 1 day. A one-day hospital stay would be reasonable for this injured worker undergoing anterior cervical discectomy and fusion. However, this request is for an unspecified length of stay and medical necessity cannot be established. Therefore, this request is not medically necessary.