

Case Number:	CM15-0130426		
Date Assigned:	07/16/2015	Date of Injury:	06/04/1999
Decision Date:	08/14/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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 50-year-old male who sustained an industrial injury on 6/4/99. Injury was reported relative to cumulative trauma as a professional football player. Conservative treatment included physical therapy, medications, and activity modification. The 5/5/15 treating physician report cited progressively worsening neck pain with persistent radicular symptoms in the C5, C6, and C7 distributions bilaterally. There was numbness in the right C5 and C6 dermatomal distribution. The injured worker reported a decrease in the steadiness of his gait with falls on multiple occasions. Physical exam documented cervical paraspinal and bilateral trapezius tenderness, restricted and painful cervical range of motion, positive Spurling's, and positive cervical axial loading test. Neurologic exam documented 5/5 upper extremity strength, and diminished bilateral C5 and C6 sensation. The diagnosis included cervical radiculopathy, stenosis, and spondylosis without myelopathy or radiculopathy. The treatment plan recommended referral to the neurosurgeon for progressive neurologic compromise. The 6/17/15 neurosurgical consult report cited constant grade 7-8/10 neck pain radiating to the bilateral upper extremities with numbness, worse on the right. He complained of clumsy hands and balance difficulties. He had bladder urgency but not incontinence. Imaging showed severe and critical stenosis with congenital stenosis, superimposed disc herniations, and facet overgrowth. The worst areas of stenosis were at C3/4, C4/5, and C5/6 consistent with his symptoms. The C4 disc was severely deformed and the sagittal canal diameter was less than 8 mm. X-rays were obtained and demonstrated cervical spondylosis with 3 mm retrolisthesis at C3 on C4, disc space narrowing at the C5/6 and C6/7 levels, dorsal osteophytic spurring at the C6/7 level, prominent

prevertebral marginal osteophytes at C5/6 and C6/7, and suspected vacuum disc phenomena at C6/7. Authorization was requested for C3/4, C4/5, and C5/6 anterior cervical discectomy and fusion with plating. The 6/24/15 utilization review non-certified the request for C3/4, C4/5, and C5/6 ACDF with plating as there was no physical exam evidence of verifiable radiculopathy at multiple levels or electrodiagnostic studies supporting radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C4, C4-C5 and C5-C6 Anterior Cervical Discectomy with Fusion and Plating:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines: Cervical & Thoracic Spine Disorders, Clinical Measures, Surgical Considerations/Spinal 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; Plate fixation, cervical spine surgery.

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. The ODG indicates that plate fixation is under study in single-level and multilevel procedures, with most studies (although generally non-randomized) encouraging use in the latter. Guideline criteria have been met. This injured worker presents with progressive neck pain and radicular upper extremity symptoms, including pain, numbness, and weakness. There is report of balance issues and multiple falls. Spurling's is positive. Clinical exam findings are consistent with C5 and C6 radiculopathy and reported imaging evidence of severe and critical stenosis at C3/4, C4/5, and C5/6. Evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.