

Case Number:	CM15-0131792		
Date Assigned:	07/20/2015	Date of Injury:	11/27/2008
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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:

This injured worker is a 48-year-old male who sustained an industrial injury on 11/27/08, secondary to a several falls while being treated for valley fever. Social history is positive for smoking. Past surgical history was positive for anterior cervical discectomy and fusion at C5/6 (date not documented by records suggested prior to 2013). The 2/5/15 treating physician report cited neck pain radiating to the right lower extremity with numbness. Physical exam documented moderate discomfort with mid cervical palpation, and neck pain upon extension at 20 degrees. He was status post cervical facet injections with only transient relief. Updated imaging was recommended. The 2/5/15 cervical spine x-ray impression documented no obvious evidence of instability and no definite hardware complication or failure after C5/6 fusion. Partial incorporation of disc space material is noted. The 2/24/15 cervical spine MRI impression documented an overall stable appearance of the cervical spine with anterior fusion noted at C5/6. There was no evidence of disc protrusion, spinal stenosis or cord compression. Findings at C4/5 documented no evidence of posterior disc protrusion, and the thecal sac and neural foramina were patent. The 4/14/15 treating physician report cited continued symptoms of headaches and neck pain, worsening over the past few weeks. He tried conservative medical therapy with minimal improvement. Physical exam documented positive Spurling's bilaterally, worse on the left than the right. There was 5/5 bilateral upper extremity strength. MRI of 2/24/15 showed adjacent level degenerative at C4/5 and C3/4 with facet arthropathy. There was no cord compression. Anterior fusion was seen at C5/6. X-rays showed no instability and status post cervical fusion at C5/6 with instrumentation in place. Posterior degeneration was seen in the

facet joints at C3/4 and C4/5. The injured worker had a history of C5/6 cervical fusion with adjacent level degenerative and symptoms of C4/5 radiculopathy, and headaches. He has maximized conservative treatment and has an immune compromised state. Authorization was requested for anterior cervical discectomy fusion C4/5 and explores C5/6, inpatient hospital stay for 1 day, assistant surgeon, and Aspen Vista cervical brace. The 6/24/15 utilization review non-certified the anterior cervical discectomy and fusion at C4/5 and exploration of the C5/6 fusion level as there was conflicting evidence to support ACDF for neck pain and cervical degenerative disease without instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy fusion C4-5 and explore C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 10th Edition, Neck & Upper Back, 1/30/12.

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) 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. 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. Guidelines state that because of the high risk of pseudoarthrosis, a smoker anticipating a spinal fusion should adhere to a tobacco-cessation program that results in abstinence from tobacco for at least six weeks prior to surgery. The Official Disability Guidelines state that pseudoarthrosis is recognized as an etiology of continued cervical pain and unsatisfactory outcome. Treatment options include a revision anterior approach vs. a posterior approach. Regardless of approach, there is a high rate of continued moderate to severe pain even after solid fusion is achieved. Guideline criteria have not been met. This injured worker presents with continued neck pain and headaches, with recent worsening. Spurling's test was positive. A relatively limited objective neurologic exam was documented. There was no evidence of sensory, motor or reflex changes. There was no evidence of positive electrodiagnostic testing at the C4/5 level. There was no documentation of a positive

selective nerve root block. There was no imaging evidence suggestive of nerve root compression or spinal segmental instability at the C4/5 level. There was no imaging evidence of pseudoarthrosis or hardware failure at the C5/6 level. This patient is reported as a current smoker with no evidence of smoking cessation consistent with guidelines. Therefore, this request is not medically necessary.

Associated surgical service: inpatient hospital stay for 1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Aspen Vista cervical brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Cervical collar, post-operative (fusion).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.