

Case Number:	CM15-0132164		
Date Assigned:	07/20/2015	Date of Injury:	10/30/2010
Decision Date:	08/14/2015	UR Denial Date:	06/22/2015
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 64 year old male who sustained an industrial injury on 10/30/10, relative to cumulative trauma during to his employment in demolition/decontamination. Past medical history was positive for hypertension, diabetes mellitus, and hyperlipidemia. Past surgical history was positive for right carpal tunnel release and ulnar nerve neurolysis at the elbow on 1/12/15. Records indicated that this injured worker had been diagnosed with severe left carpal tunnel syndrome, left cubital syndrome, bilateral hand degenerative arthritis and bilateral thumb basal joint arthritis, and lumbosacral radiculopathy with central stenosis, spinal stenosis , and spondylolisthesis. The 4/15/15 hand surgeon report cited persistent and increased numbness in both hands. Bilateral elbow exam documented tenderness to palpation over the left medial and lateral epicondyles, and positive Tinel's and elbow flexion test. Bilateral hand and wrist exam documented mild left thenar atrophy, and positive Tinel's, Phalen's, and Durkan's compression tests. Grip strength was reported 18/17/15 kg right (dominant) and 29/27/25 kg left. There was sensory loss over the left median and ulnar nerve distribution. The treating physician reported that electrodiagnostic studies showed evidence of severe left carpal tunnel syndrome and moderate left cubital tunnel syndrome. Surgery was recommended. The 5/26/15 treating physician report cited complaints of neck, upper back, left upper extremity, and bilateral lower extremity pain. There were no new complaints of numbness and tingling, or loss of bowel/bladder control. Sensation was reported intact over the right lower extremity. The diagnosis included probable cervical spine myelopathy. The treatment plan recommended dual operative procedures including C4-C7 anterior cervical discectomy and fusion with possible

laminoplasty as recommended by the spine surgeon on 11/4/14, and left carpal tunnel release and ulnar nerve decompression at the elbow as recommended by the hand surgeon. The 6/22/15 non-certified the request for C4-C7 anterior cervical discectomy and fusion with possible laminoplasty as there was no current evidence of a neurocompression lesion on imaging in the cervical spine or in the limited physical exam to support the diagnosis of myelopathy and/or progressive neurologic deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACDF (Anterior Cervical Discectomy and Fusion), Cervical C4-C7 with possible laminoplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck - Fusion, anterior cervical.

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 decompression 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 not been met. This injured worker presents with neck and left upper extremity complaints, with no documentation of a radicular pain pattern or evidence of a positive Spurling's test. There is no current cervical spine exam evidence of a motor deficit or reflex change. Records documented electrodiagnostic evidence of carpal and cubital tunnel syndrome correlated with exam findings. There is no cervical imaging documented in the submitted records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial relative to the cervical spine and failure has not been submitted. Therefore, this request is not medically necessary.