MAXIMUS Federal Services

Case Number:	CM15-0141628		
Date Assigned:	08/05/2015	Date of Injury:	05/23/2011
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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 female who sustained an industrial injury on 5/23/11. Injury occurred when she was picking up heavy boxes and heard something pop in her neck with onset of sharp pain. The 11/14/13 electrodiagnostic study findings documented evidence of left chronic C6 radiculopathy. Conservative treatment had included activity modification, chiropractic treatment, medications, home exercise, and physical therapy. The 6/23/15 treating physician report cited on-going neck pain radiating to the left upper extremity with numbness and tingling in the right wrist and entire left upper extremity. She reported the left upper extremity became easily fatigued, and associated headaches and numbness in the head. Cervical spine exam documented paraspinal and trapezius tenderness, and mild to moderate loss of range of motion. Neurologic exam documented normal sensation, 5/5 motor function, and negative bilateral neuroforaminal compression testing. The 12/17/13 cervical spine MRI findings documented a circumferential disc bulge and a superimposed 0.7 cm inferiorly extending central disc extrusion with effacement of the anterior CSF space and mild mass effect on the ventral spinal cord with mild central canal stenosis. There was a diffuse disc bulge and superimposed 11 mm inferiorly extending central disc extrusion and effacement of the anterior CSF space with mass effect on the ventral spinal cord and moderate central canal stenosis. The diagnosis was cervical sprain with radicular symptoms, large cervical disc herniation at C5/6 and C6/7 with stenosis, and left C6 radiculopathy. The injured worker had failed to improve with conservative treatment including medication, home exercise program, and extensive therapy. A request for cervical epidural steroid injection had been denied. There was MRI evidence of multilevel large disc

herniations and neurodiagnostic evidence of left C6 radiculopathy. Authorization was requested for cervical anterior discectomy and fusion at C5/6 and C6/7 with instrumentation and iliac crest bone graft. The 6/30/15 utilization review non-certified the request for anterior cervical discectomy and fusion at C5/6 and C6/7 as there was no documentation of severe upper extremity weakness, atrophy or unilateral arm pain, no documentation of failure of conservative treatment such as epidural injection, and no MRI report available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical anterior discectomy and fusion at C5-C6 and C6-C7 with instrumentation and iliac crest bone graft: 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 & Upper Back, 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) 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. Guideline criteria have not been fully met. This injured worker presents with neck pain radiating into the left upper extremity, and right hand and global left upper extremity numbness and tingling. There are no current clinical exam findings documented consistent with nerve root compression. There is reported electrodiagnostic evidence of chronic left C6 radiculopathy. The 12/17/13 MRI findings are reported by the treating physician report without reference to the specific levels discussed. There was no imaging report available in the submitted records. Evidence of long term reasonable and/or comprehensive non-operative treatment and failure has been submitted. There are limited clinical findings and non-specific imaging findings which fail to establish the medical necessity of this request. Therefore, this request is not medically necessary at this time.