

Case Number:	CM15-0160643		
Date Assigned:	08/27/2015	Date of Injury:	01/04/2014
Decision Date:	09/29/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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 57-year-old female who sustained an industrial injury on 1/4/14. Injury occurred while working as a security guard and the parking arm hit her on the top of the head. The 1/21/14 cervical spine MRI impression documented a left paracentral disc osteophyte complex with slight left sided neuroforaminal encroachment, a broad-based 1.0 mm broad-based degrees at C5/6, and a broad-based 1.5 to 2 mm disc bulge at C6/7. The 3/4/14 electrodiagnostic study documented no evidence of acute cervical radiculopathy. Conservative treatment included physical therapy, chiropractic, home exercise, cervical epidural steroid injection, activity modification, and medications. She underwent a left shoulder arthroscopy with intra-articular synovectomy and debridement, subacromial decompression with extensive bursectomy, release of coracoacromial ligament, anterior acromioplasty, and microtenotomy on 6/15/15. The 6/26/15 treating physician report cited left shoulder pain, left upper extremity numbness and tingling, neck spasms, and headaches. She underwent left shoulder surgery on 6/15/15 and was to wean off the sling and begin home exercises as instructed. Physical therapy was recommended for 12 initial visits. Surgical options for the cervical spine were discussed. She was taking Norco, Flexeril, and Relafen as needed with no new prescriptions given. Fioricet was prescribed for headaches. Cervical spine surgery was discussed. The 7/24/15 treating physician report cited worsening headaches, increased neck pain with radiation to the left upper extremity, and numbness and tingling in both hands. The injured worker stated that medications provided some pain relief. Physical exam documented significant loss of left shoulder range of motion with flexion 50, abduction 50, internal rotation 40 and external rotation 50 degrees. Cervical

spine range of motion was significantly limited in all planes of motion. Neurologic exam documented decreased C6 and C7 dermatomal sensation, and marked weakness in left shoulder flexion, abduction, and left finger extension. The diagnosis included moderate disc herniation at C6/7 with C7 nerve root impingement, and status post left shoulder arthroscopy on 6/15/15. She had been certified for 12 visits of post-op physical therapy and had only completed one visit. She had persistent neck pain radiating into the left upper extremity. There was imaging evidence of a disc herniation at C6/7 with C7 nerve root impingement. Authorization was requested for anterior cervical discectomy and fusion at C6/7, and Norco 5/325 mg 1 tablet by mouth every 4 to 6 hours as needed for pain, quantity 60. The 8/4/15 utilization review non-certified the request for ACDF at C6/7 and associated Norco as the injured worker had not completed her post-operative shoulder physical therapy which would be appropriate prior to consideration of cervical surgery. Records indicated that Norco was last prescribed on 5/15/15 for #60 tablets.

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 C6-C7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 been met. This injured worker presents with increased neck pain radiating to the left upper extremity with numbness and tingling in both hands. Clinical exam findings are consistent with reported imaging evidence of C7 nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Norco 5/325mg, 1 tablet by mouth every four to six hours as needed for pain quantity 60:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Acetaminophen Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short-term basis for shoulder pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have been met for the post-operative use of Norco. Therefore, this request is medically necessary.