Case Number:	CM15-0167476		
Date Assigned:	09/14/2015	Date of Injury:	01/02/2014
Decision Date:	10/13/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	08/25/2015

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 63-year-old male who sustained an industrial injury on 1/2/14. The mechanism of injury was not documented. Conservative treatment included medications, cervical epidural steroid injection, physical therapy, activity modification, and self-directed physiotherapy. The 4/11/14 cervical spine MRI impression documented straightening of the cervical spine. At C3/4, there was a 3 mm disc protrusion effacing the thecal sac. At C4/5, there was a 2.6 mm disc protrusion with bilateral neuroforaminal narrowing effacing the exiting C5 nerve roots. At C5/6, there was 1.8 mm disc protrusion with bilateral neuroforaminal stenosis encroaching in the exiting C5/6 and C6/7 nerve roots. At C7/T1, there was a 2.6 mm disc bulge with bilateral neuroforaminal narrowing effacing the bilateral C8 exiting nerve root. The 2/27/15 spine surgery report cited grade 5-8/10 neck pain with severe right upper extremity weakness, and grade 5-9/10 low back pain radiating into both lower extremities with symptoms of pseudoclaudication after prolonged standing or walking. He had some pain improvement with cervical epidural steroid injection that last 2-3 months but it did not help his upper extremity motor function. Physical exam documented a stooping forward posture with standing or walking. He had no focal weakness with heel or toe walk, but there was right extensor hallucis longus weakness. Cervical exam documented muscle spasms, multiple trigger points, and positive Spurling's sign. There was restricted cervical range of motion, diminished right upper extremity deep tendon reflexes, 4/5 right C5 and C6 myotomal weakness, 3/5 right C6, C7, and C8 myotomal weakness, and globally decreased right upper extremity sensation, mostly along the posterolateral and lateral forearm. The injured worker had a profound radiculopathy of the right

upper extremity with noticeable weakness. He had classic radicular symptoms with severe pain shooting into the medial scapular area and down the right arm. His motor weakness, sensory loss and blunted reflexes correlated with imaging evidence of significant bilateral neuroforaminal encroachment on the exiting nerve roots. The treatment plan recommended anterior cervical discectomy and fusion with cages and instrumentation at C5/6, C6/7, and C7/T1. The 2/25/15 authorization form requested anterior cervical discectomy and fusion with cages and instrumentation from C3 to T1. The 4/8/15 utilization review modified the request from the treating physician for anterior cervical discectomy and fusion from C3-T1 to anterior cervical discectomy and fusion at C5/6, C6/7, and C7/T1, consistent with the spine surgeon treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion C5-C6, C6-C7 and C7-T1: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. 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 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. Under consideration is a request for anterior cervical discectomy and fusion at C5/6, C6/7, and C7/T1. Guideline criteria have been met. This injured worker presents with persistent neck pain with severe right upper extremity weakness. Clinical exam findings are consistent with imaging and electrodiagnostic evidence of nerve root compromise from C5 through C8. 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.