

Case Number:	CM15-0192113		
Date Assigned:	10/06/2015	Date of Injury:	08/14/2008
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/30/2015

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: Minnesota, Florida

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:

The injured worker is a 66 year old female with a date of injury on 08-14-2008. The injured worker is undergoing treatment for cervical degenerative disc disease, cervical stenosis, and cervical arthritis. Physician progress notes dated 08-10-2015 and 08-20-2015 documents the injured worker complains of neck pain and pain radiating down the left arm with numbness and tingling. Her pain is constant and becomes worse over time. She has missed work due to her pain. She rates her pain as 6 out of 10 and is severe causing significant disability. Her neck pain is greater on the left side than the right side and the is pain radiating down both shoulders and numbness and tingling radiating down her left arm and at the fist , second , third and fourth digits. She feels she has been having increased loss of balance. On examination she has limited and painful cervical range of motion. On examination of the left upper extremity, she has decreased sensation to light touch over the first, second, third and fourth fingers. Her symptoms correlated with her x rays and Magnetic Resonance Imaging. The injured worker also has an acetabular fracture and has upcoming surgery for this correction coming up. Surgeon should contact this office regarding restriction to the cervical spine with anesthesia for this hip surgery. Treatment to date has included diagnostic studies, medications, physical therapy, heat, and ice with no benefit. A cervical Magnetic Resonance Imaging dated 07-28-2015 revealed advanced degenerative change throughout the cervical spine and evidence of central spinal stenosis at C5- 6, with early myelomalacia change within the cervical cord at this level, moderate central stenosis at C6-C7 and bilateral foraminal stenosis C3 through C7. At C3-C4, there is no significant disc herniation or encroachment upon the central canal. At C4-5, there is broad based disc herniation and no significant central stenosis. There is bilateral foraminal stenosis at this level. A C5-C6 and C6-C7

there is also a broad based disc herniation. The treatment plan is for C4-C7 cervical discectomy and fusion, pre-operative clearance, Associated surgical service: Cervical Collar, Norco 10/325mg, 1-2 every 4 hours as needed for pain, #65, and Post-op physical therapy 2xWk x 6Wks starting 2 weeks after surgery. On 09-28-2015, Utilization Review modified the request for C4-C7 anterior cervical discectomy and fusion to C5-C7 anterior cervical discectomy and fusion, and modified Pre-operative clearance (office visit, labs) to pre-operative clearance (office visit, and labs to include CBC, BMP and UA).

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 anterior cervical discectomy and fusion: Overturned

Claims Administrator 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 & Upper Back, anterior cervical fusion.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The MRI of the cervical spine performed on 7/28/2015 revealed multilevel degenerative disc disease at C4-5, C5-6, and C6-7. There was bilateral foraminal stenosis seen at C4-5. At C5-6 there was a broad-based disc herniation with significant central canal stenosis with early spinal cord edema changes of myelomalacia seen in the cervical cord with severe bilateral foraminal stenosis. At C6-7, there was a broad-based disc herniation and moderate degree of central canal stenosis and bilateral foraminal stenosis. The examination of 8/10/2015 revealed limitation of motion of the cervical spine and bilateral upper extremity pain with numbness and decreased sensation to light touch in the left arm and over the first, second, third and fourth fingers. The biceps strength was 4/5 and wrist extension strength 4/5 on the left. Hoffmann was negative. Examination of the right upper extremity revealed elbow flexion 4 out of 5 strength and the rest of the motor and sensory examination was normal. Hoffmann was negative. Gait was normal. The assessment was severe central canal stenosis with myelomalacia at C6-7 and neural foraminal stenosis at C4-5 and C5-6 and severe at C6-7. Her symptoms correlated with the x-ray and MRI findings and physical examination findings. The provider recommended an anterior cervical discectomy and fusion with instrumentation as she already had signs of beginning of spinal cord injury and myelomalacia and edema seen on the MRI scan at the C5-6 level. She additionally had problems with ambulation and balance and also weakness in the upper extremities with numbness, tingling and pain. Therefore, surgery was recommended at 3 levels consisting of anterior cervical discectomy and fusion with instrumentation at C4-5, C5-6, and C6-7. Based upon the clinical picture and the presence of myelomalacia associated with gait abnormality, the requested surgical procedure of 3 level anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 is appropriate and medically necessary. The C4-5 level has bilateral foraminal stenosis and if not included in the fusion, it is likely to deteriorate rapidly and necessitate a future surgical procedure. As such, the request is appropriate and medically necessary.

Pre-operative clearance (office visit, labs): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative lab testing, Preoperative testing, general, Office visits.

Decision rationale: ODG guidelines recommend preoperative laboratory testing based upon the results of the history and physical examination. Office visits to the medical offices of providers are encouraged and therefore medical clearance has been approved by utilization review. The request as stated is for preoperative labs, which does not specify the tests that are being requested. Utilization review has modified the request and approved certain laboratory tests. In light of the foregoing, the medical necessity of the request for preoperative labs without specifying the tests that are being requested cannot be determined. The request is not medically necessary.