

Case Number:	CM15-0199512		
Date Assigned:	10/14/2015	Date of Injury:	03/29/2001
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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 47-year-old female with a date of injury of 3/29/2001. She is status post anterior cervical discectomy and fusion from C5-C7. The current request pertains to anterior cervical discectomy and fusion at C4-5 and exploration of C5-7 fusion. The documentation from June 10, 2015 indicates that she had undergone 3 surgical procedures on the cervical spine and had developed instability, stenosis and spondylolisthesis at C4-5. The documentation does not include current subjective complaints. The past medical history was remarkable for anxiety, chronic pain, headache and nerve problems. Medications included tramadol, Lunesta, Nucynta, ranitidine, Motrin, cyclobenzaprine, gabapentin, and a laxative. Objective findings are not documented. The provider discussed surgery including C4-5 anterior cervical discectomy and fusion with instrumentation and exploration from C5-C7. On July 3, 2015 the documentation indicates neck pain rated 8-9/10 which decreased 30% with medications. There was radiation to the scapular area reported. She had headaches, insomnia, and depression as well. The unofficial report of the MRI of the cervical spine dated 5/12/2015 was as follows: "Impression: Posterior disc protrusion, osteophyte complex at narrowed C4-5 interspace on the postoperative study which does not cause any neural foraminal narrowing. It protrudes about 1.2 mm beyond the adjacent vertebral body margin. C2-3 and C3-4 were negative; C7-T1 and T1-2 disks were also negative. C5-6 and C6-7 shows central posterior artifact with neural foramina preserved and that is where the patient had anterior internal fixation plate and vertebral screws from prior surgery." On examination flexion was 90% of normal, extension 70% of normal right lateral flexion 80% of normal and left lateral flexion 80% of normal. Spurling sign was positive on the left causing

tingling in the left fourth and fifth fingers. Deep tendon reflexes were $\frac{3}{4}$ and symmetrical in both upper and lower extremities. Sensation was decreased in the fourth and fifth digits of the left upper extremity extending to left medial forearm and medial upper arm in the C7-T1 distribution more dermatomal than ulnar. The provider requested a C4-5 anterior cervical discectomy and fusion and exploration of C5-7 fusions. The request was non-certified by utilization review citing CA MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 Anterior Cervical Discectomy and Fusion with Instrumentation and Exploration from C5-7: Upheld

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

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

Decision rationale: California MTUS guidelines indicate surgical considerations for severe spinovertebral pathology, severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. The indications for a surgical consultation include persistent severe and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term, and unresolved radicular symptoms after receiving conservative treatment. In this case, the documentation does not indicate any sensory or motor neurologic deficit pertaining to the requested C4-5 anterior cervical discectomy and fusion. Furthermore, the MRI does not support any evidence of nerve root compression at that level. The paresthesias in the fourth and fifth fingers reported indicate involvement of the C8 nerve root. The protrusion at C4-5 was small, measuring 1.2 mm and no neural compression was identified. There is no EMG submitted documenting any radiculopathy. The MRI scan also does not support the clinical picture of tingling in the fourth and fifth fingers. There is no intrinsic weakness supporting a radiculopathy involving the C8 nerve root. No sensory or motor deficit is documented pertaining to the C5-6 level or C6-7 level. There is no documentation of a recent reasonable and/or comprehensive non-operative treatment protocol trial and failure. As such, the request for anterior cervical discectomy and fusion at C4-5 and exploration of the fusion from C5-C7 is not supported and the medical necessity of the request has not been substantiated; the request is not medically necessary.