

Case Number:	CM15-0202242		
Date Assigned:	10/19/2015	Date of Injury:	06/03/2013
Decision Date:	11/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/14/2015

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 44-year-old female who sustained an industrial injury on 6/3/13. Injury was reported relative to her employment as an administrative assistant, repetitive work duties, and her workstation. Past medical history was positive for bipolar disease, and long-term use of Wellbutrin and Lamictal. Conservative treatment included chiropractic, physical therapy, acupuncture, home exercise program, medications, trigger point injections, epidural steroid injection, and work modifications. The 10/1/14 cervical spine MRI impression documented degeneration at the C6/7 level with broad-based disc osteophyte complex and right uncovertebral spurring leading to severe right foraminal stenosis. At C5/6, there was a disc osteophyte complex and uncovertebral spurring with mild to moderate bilateral foraminal stenosis. At C4/5, there was mild bilateral uncovertebral spurring with a mild disc osteophyte complex. The 7/9/15 right upper extremity electrodiagnostic study was reported as normal with no evidence for right upper extremity cervical radiculopathy or peripheral local neuropathy. The 8/26/15 treating physician report cited severe neck pain with tingling down the right arm. She had failed physical therapy and epidural steroid injections. Nerve studies were negative. Medications included Naproxen, Wellbutrin, Lamictal, and gabapentin. Physical exam documented decreased cervical range of motion, positive Lhermitte's sign, positive cervicothoracic myofascial tenderness, and positive cervicobrachial signs. Neurologic exam documented decreased C5 and C6 sensation, 2+ and symmetrical upper extremity deep tendon reflexes, and decreased diffuse upper extremity motor strength. Spine consult was recommended. The 9/16/15 spine surgery report cited continued severe neck pain radiating down both arms with significant numbness and tingling, right greater

than left. She reported right arm and triceps weakness and atrophy. She had not improved with conservative treatment. She had progressive numbness and weakness in the upper extremities. Physical exam documented cervical paraspinous tenderness and guarding, right trapezius muscle spasms, positive Spurling's positive, and restricted and painful cervical range of motion. There was 4/5 triceps weakness, absent right triceps reflex, and decreased right C6 and C7 dermatomal sensation. X-rays showed loss of disc height at the C5/6 and C6/7 levels. Imaging showed severe cervical spondylosis at C6/7 with severe right foraminal stenosis and C5/6 moderate bilateral foraminal stenosis. Authorization was requested for anterior cervical discectomy and stabilization C5/6 and C6/7, assistant surgeon, and Orthofix external bone growth stimulator. The 10/9/15 utilization review non-certified the anterior cervical discectomy and stabilization at C5/6 and C6/7 with associated surgical requests as there was a positive psychiatric history and history of somatic complaints with no evidence of a psychiatric clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and stabilization C5-6, C6-C7: 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 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. Guideline criteria have not been met. This injured worker presents with worsening neck pain radiating into both upper extremities with associated numbness, tingling, and weakness. Clinical exam findings are consistent with imaging evidence of severe stenosis and plausible nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, potential psychological issues are documented with no evidence of psychological evaluation for surgical clearance. Therefore, this request is not medically necessary at this time.

Associated Surgical Service: Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Orthofix External Bone Growth Stimulator: 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 and Upper Back Chapter, Bone Growth Stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Bone-growth stimulators (BGS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.