

Case Number:	CM15-0202780		
Date Assigned:	10/19/2015	Date of Injury:	09/19/1983
Decision Date:	11/30/2015	UR Denial Date:	10/04/2015
Priority:	Standard	Application Received:	10/15/2015

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 61-year-old male who sustained an industrial injury on 9/19/83. The mechanism of injury was not documented. He underwent bilateral foraminotomies at C6/7 and C7/T1 in December 2014 and underwent post-operative physical therapy. He had residual neck pain radiating into the left arm and bilateral hand numbness following surgery. The 3/8/15 electrodiagnostic study evidenced a C7/8 radiculopathy on the left and C7/8 and C8/T1 radiculopathies on the right. The 7/20/15 treating physician report indicated that injured worker was 8 months status post cervical surgery with continued intermittent pain, tightness in his fingers, and new atrophy of the left hypothenar eminence. Findings were concerning for continued neural involvement. Neurontin was prescribed and an MRI was ordered. The 8/28/15 cervical spine MRI impression documented status post bilateral foraminotomies at C6/7 and C7/T1. There was mild to moderate stenosis at C3/4, C4/5, C5/6, and C7/T1, and mild central stenosis C2/3 and C6/7. There was right moderate to severe C7/T1, moderate C5/6, mild to moderate C3/4, and mild C2/3, C4/5, and C6/7 neuroforaminal stenosis. There was moderate left C5/6, mild to moderate C6/7 and C7/T1, and mild C2/3 neuroforaminal stenosis. There was minimal ventral subluxation of C5 on C6 without facet joint dislocation, and slight ventral subluxation of C6 on C7 without facet joint dislocation. There was developmental spinal stenosis. The 8/31/15 treating physician report cited neck pain radiating almost into his chest, and complaints of atrophy in his neck and an almost causalgic feeling in his left hand. There was diagnostic evidence of on-going denervation at the C7/8 muscles. Concern was expressed regarding the amount of compression at parts of C7/T1. The 9/10/15 treating physician report

cited continued significant neck pain radiating into the shoulder and down the arm into the elbow, with pain and numbness in his hands. He had failed to improve with prior surgery and conservative treatment. Authorization was requested for a C6/7 and C7/T1 anterior cervical discectomy and fusion with plating (spinal bone allograft), and a 2-day inpatient hospital stay. The 10/4/15 utilization review modified the request for C6/7 and C7/T1 anterior cervical discectomy and fusion with plating to a C6/7 and C7/T1 anterior cervical discectomy as there was no documentation of cervical instability to support the medical necessity of fusion and plating. The request for a 2-day inpatient hospital stay was modified to a 1-day inpatient stay consistent with discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7, C7-T1 anterior cervical discectomy, fusion and plating: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery- Discectomy/laminectomy, Fusion, anterior cervical.

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: Discectomy-laminectomy-laminoplasty; Fusion, anterior cervical; Plate fixation, cervical spine surgery.

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. The ODG indicates that plate fixation is understudy in single-level and multilevel procedures, with most studies encouraging use in the latter. Guideline criteria have been met. This injured worker presents with persistent neck pain radiating into the left upper extremity with bilateral hand numbness and pain. There is evidence of a worsening neurologic deficit. Clinical exam findings are consistent with imaging evidence of neural compression. Detailed evidence of a recent, reasonable and/or comprehensive operative and non-operative treatment protocol trial and failure has been submitted. Guidelines support anterior fusion as an option with anterior cervical discectomy and plate fixation in multilevel procedures. Therefore, this request is medically necessary.

Associated surgical services: Two (2) day inpatient hospital stay: Overturned

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 (Acute & Chronic) Hospital length of stay (LOS) guidelines.

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: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines generally recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical discectomy and fusion is 1 day with a mean length of stay of 2.2 days. Given the multilevel procedure planned, this request is medically necessary.