

Case Number:	CM15-0206724		
Date Assigned:	10/27/2015	Date of Injury:	01/27/2012
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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 1/27/12. The mechanism of injury was documented as repetitive work activities. Past medical history was positive for diabetes and hypertension. The 1/27/15 neurosurgeon report cited neck pain radiating into the entire left forearm and hand with numbness in the entire left upper extremity and hand weakness. Physical exam documented 3/5 grip strength and intrinsic muscle weakness bilaterally, numbness in the left forearm and hand, 2+ reflexes throughout, and positive Hoffman's bilaterally. MRI showed severe spinal stenosis at C3/4 with edema and cord signal change. There was moderate to severe stenosis at C5/6 and C6/7 with severe foraminal stenosis. There was mild to moderate stenosis at C4/5 and a congenitally small spinal canal. The treatment plan recommended C3/4, C4/5, C5/6, and C6/7 anterior cervical discectomy and fusion, laminectomy, and posterior fusion with PEEK cages, allograft and plate fixation. The injured worker subsequently underwent C3-4 anterior cervical discectomy and fusion on 4/15/15. He completed 16 post-operative physical therapy visits with persistent bilateral upper extremity numbness and motor deficit. The 7/15/15 cervical spine x-ray impression documented uncomplicated postsurgical findings at C3/4, severe disc narrowing and uncovertebral joint spurring at the C5/6 and C6/7 levels, and slight anterolisthesis (2 mm) on flexion at C4/5. The 8/19/15 cervical spine MRI impression documented post-surgical changes at C3/4 with apparent disc osteophyte complex left bone spur extending 3.3 mm posteriorly to the right. There was no central canal narrowing although there was some displacement of the cord and some foraminal narrowing noted. There was disc space narrowing with retrolisthesis at C5/6 and C6/7 with some central canal and foraminal narrowing. Retrolisthesis of C5 on C6 was 2.1 mm and retrolisthesis of C6 on C7 was 1.9 mm. At C4/5, there was a disc bulge extending 2.3 mm posterior with some central canal narrowing with AP diameter of 8 mm. The 9/10/15 neurosurgeon report cited left sided neck pain with hand weakness and

numbness in the forearms and hands. Physical exam documented 3/5 grip strength and intrinsic muscle weakness, numbness over the hands, 1+ reflexes throughout, intact coordination, no Hoffman's, and some fasciculations of the right hand muscles. Imaging showed C3/4 fusion, severe foraminal stenosis at C5/6 and C6/7, and central stenosis due to congenitally small spinal canal. The diagnosis included cervical spondylosis with myelopathy. He had untreated foraminal stenosis at C5/6 and C6/7 with motor fasciculations in the hand concerning for the development of a neurodegenerative disease. Symptoms were consistent with myelopathy. Authorization was requested for C4-C7 anterior cervical discectomy and fusion, C3-C7 posterior fusion and laminectomy, and associated 2-day inpatient stay. The 9/23/15 utilization review non-certified a request for C4-7 anterior cervical discectomy and fusion, C3-7 posterior fusion and laminectomy and the associated 2 day inpatient stay as there was no indication that the injured worker had a previous laminectomy at the C3/4 level or had insufficient anterior stabilization to support a posterior fusion. There was no electrodiagnostic report or evidence of motor deficit or recent reflex changes at the cervical level. Additionally, there was no evidence of a psychosocial evaluation or comprehensive conservative treatment, including oral steroids or injection and physical therapy.

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 & fusion: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), updated 05/11/15, Neck and Upper Back, Fusion anterior; Posterior cervical; Discectomy-laminectomy-laminoplasty.

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. Guideline criteria have been met. This injured worker presents with persistent neck pain radiating into the left upper extremity with persistent numbness and weakness. He is status post C3/4 anterior cervical discectomy and fusion. There is clinical exam evidence of persistent motor deficit consistent with imaging evidence of severe stenosis and cord displacement. There is radiographic evidence of spondylolisthesis at the C4-C7 levels with spinal segmental instability on flexion at C4/5. Detailed evidence of up to 8 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

C3-C7 posterior fusion & laminectomy: 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), Treatment Index, 11th Edition (Web), updated 05/11/15, Neck and Upper Back, Fusion anterior; Posterior cervical; Discectomy-laminectomy-laminoplasty.

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, posterior 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 criteria for cervical laminectomy. 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. Guidelines state that posterior cervical fusion is under study. A posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. Guideline criteria have been met. This injured worker presents with persistent neck pain radiating into the left upper extremity with persistent numbness and weakness. He is status post C3/4 anterior cervical discectomy and fusion. There is clinical exam evidence of persistent motor deficit consistent with imaging evidence of severe stenosis and cord displacement. There is radiographic evidence of spondylolisthesis at the C4-C7 levels with spinal segmental instability on flexion at C4/5. Detailed evidence of up to 8 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Given the documentation cervical instability and associated request for laminectomy, this request is reasonable. Therefore, this request is medically necessary.

Associated surgical service: 2 day length of 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), Treatment Index, 11th Edition (Web), updated 05/11/15, Neck and Upper Back, Hospital length of stay (LOS).

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 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 fusion is 1 day, and the recommended median and best practice target for posterior cervical fusion is 4 days. This request for a 2-day inpatient length of stay is within guideline recommendations. Therefore, this request is medically necessary.