

Case Number:	CM15-0207189		
Date Assigned:	10/28/2015	Date of Injury:	06/14/1985
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
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: 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:

This is a 78 year old male with a date of injury on 6-14-85. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and back pain. Progress report dated 1-29-15 reports follow up status post C5-7 ACDF on 1-14-15. He states that his arms feel great and he is happy with the outcome of the surgery. Fentanyl patches are working well. Current neck pain is rated 0 and back pain is rated 10 out of 10. Physical exam: pain with neck extension, pain with lumbar extension, antalgic right gait, uses a cane. X-ray revealed stable position of the C5-7 ACDF hardware with no sign of migration. Treatments include: medication, physical therapy, injections, massage, activity modification and surgery. Request for authorization was made for Retrospective; Anterior Cervical Discectomy & Fusion C3-C4, C4-C5 (dos 1/14/15) and Retrospective 2 Days In-Patient Stay (dos 1/14/15). Utilization review dated 10-14-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; Anterior Cervical Discectomy & Fusion C3-C4, C4-C5 (dos 1/14/15):
 Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: Per preoperative evaluation of December 29, 2014 the injured worker is a 77-year-old male complaining of cervical spine pain radiating to both arms which began 60 years ago and had been 8/10. On examination, range of motion of the cervical and lumbar spine was restricted. Sensation was intact to light touch in the extremities. Gait was normal. There was some weakness of wrist flexion at 4/5 bilaterally but the remaining musculature were 5/5 in both upper extremities. Distraction of the cervical spine caused some relief of neck pain and radiculopathy bilaterally. Compression of the cervical spine produced neck pain and radiculopathy bilaterally. Spurling was positive bilaterally. Sensation in the upper extremities was normal with the exception of fourth and fifth fingers, right worse than left, and right ulnar forearm. Electrodiagnostic studies dated 11/5/2014 revealed a chronic right C6 radiculopathy and mild slowing of the right ulnar nerve across the elbow. MRI of the cervical spine dated 9/10/2014 revealed focal severe central stenosis at C3-4 level with moderate to severe right and moderate left foraminal stenosis, focal severe central stenosis at C4-5 level with moderate to severe right foraminal stenosis, and moderate to severe right and moderate left foraminal stenosis at C6-7 level. A bony fusion was seen at C5-6 level, which was stable compared to a prior study. There was no evidence of myelopathy noted. California MTUS guidelines indicate surgical considerations for 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 clinical picture revealed intact sensation in the upper extremities with the exception of right fourth and fifth fingers and ulnar forearm indicating C8, and T1 distribution, some weakness of wrist flexion representing the C7 nerve root and electrodiagnostic evidence of a right C6 radiculopathy which does not corroborate the MRI findings. There was no weakness of the biceps or loss of the biceps reflex to support a C5 radiculopathy. There was no evidence of myelopathy on the MRI scan. In the absence of clinical, electrophysiologic, and imaging evidence of the same lesion that is known to benefit in both the short and long-term from surgical repair, the retro request for an anterior cervical discectomy and fusion at C3-4 and C4-5 is not supported by guidelines and the medical necessity of the request was not established.

Associated surgical service: Retrospective 2 Days In-Patient Stay (dos 1/14/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hospital length of stay.

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

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

