

Case Number:	CM15-0210648		
Date Assigned:	10/29/2015	Date of Injury:	08/04/1989
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/27/2015

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 62 year old male, who sustained an industrial injury on 08-04-1989. He has reported injury to the neck, left shoulder, and low back. The diagnoses have included cervicalgia; cervical degenerative disc disease; lumbago; lumbar facet arthropathy; lumbar degenerative disc disease; and status post 1989 anterior C5-6 fusion using right iliac crest bone graft. Treatment to date has included medication, diagnostics, activity modification, bracing, injections, epidural steroid injections, physical therapy, and surgical intervention. Medications have included Norco, Fentanyl Patch, Soma, Voltaren Gel, and Lorazepam. A progress report from the treating physician, dated 09-29-2015, documented a follow-up evaluation with the injured worker. The injured worker reported that his pain level is rated at 6 out of 10 in intensity; he is awaiting authorization for cervical spine surgery, as recommended by another provider in his 08-10-2015 report; he continues to complain of neck and low back pain with radiation to the bilateral hips, as well as left shoulder pain with decreased range of motion due to pain. Objective findings included he is alert and oriented; neck with positive facet stress; cervical active range of motion limited by 50% in extension and flexion, and 25% in lateral rotation; motor strength is 5-out of 5 on the right; sensory is decreased in the left C8 distribution; low back is tender to palpation; positive bilateral L4-S1 facet tenderness; decreased lumbar range of motion due to pain; there is pain with rotation, flexion, and extension; left shoulder with severely decreased range of motion especially with abduction; positive crepitus and tenderness; and he is unable to bring his arm behind his back. The provider noted that the MRI of the cervical spine, dated 07-30-2015, revealed "status post C5-6 fusion within normal limits; multi-level degenerative disc

disease with vertebral body osteophytosis, facet arthropathy, and uncovertebral arthrosis; severe narrowing of central canal C4-5 with diffuse disc osteophyte and hypertrophy of ligamentum flavum; narrowing of central canal C3-4 and C6-7; narrowing of bilateral neural foramen C3-5 and right C6-7 and left C2-3". The treatment plan has included the request for anterior cervical C4-C5, C6-C7 discectomy, foraminotomy, fusion and instrumentation; and LOS (length of stay), duration not specified. The original utilization review, dated 10-13-2015, non-certified the request for anterior cervical C4-C5, C6-C7 discectomy, foraminotomy, fusion and instrumentation; and LOS (length of stay), duration not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical C4-C5, C6-C7 discectomy, foraminotomy, fusion and instrumentation:
Upheld

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: Neck & Upper Back - Fusion, anterior cervical.

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

Decision rationale: The injured worker is a 52-year-old male with a date of injury of 8/4/1989. The documentation indicates chronic neck pain, low back pain, and shoulder joint pain. He is status post anterior cervical discectomy and fusion at C5-6 in 1989. Examination on 9/29/2015 documents 50% limitation of range of motion of the cervical spine, positive facet stress tests, negative Spurling, and no motor deficit in the upper extremities. Sensation was decreased in the left C8 distribution. The cervical MRI of 7/30/2015 was not submitted. According to the progress notes this showed severe C4-5 central canal narrowing with diffuse disc osteophyte and hypertrophy of ligamentum flavum, C6-7 central canal narrowing with bilateral neural foraminal narrowing, worse on the right. Utilization review noncertified the request for anterior cervical discectomy, foraminotomy and fusion with instrumentation at C4-5 and C6-7. The reason for the non-certification was no MRI report to support the clinical findings. The California MTUS guidelines recommend 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 provider has documented decreased sensation in the left C8 distribution but there is no documentation of sensory or motor findings pertaining to the requested anterior cervical discectomy and fusion at C4-5. Furthermore, the documentation indicates left shoulder pathology with decreased range of motion, crepitus and tenderness and therefore it is unclear if the pain is coming from the shoulder or cervical spine. The MRI report has not been submitted. There is no electrodiagnostic study confirming the presence of radiculopathy that would necessitate the cervical spine surgery. There is no instability documented in the cervical spine. No objective neurologic deficit is documented. As such, the requested anterior cervical

discectomy and fusion at C4-5 and C6-7 is not supported by guidelines and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.

LOS (length of stay), duration not specified: 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 & Upper Back - Hospital length of stay (LSO).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) OG: Section: Neck and upper back, Topic: Hospital length of stay.

Decision rationale: With regard to the request for hospital length of stay pertaining to the anterior cervical discectomy and fusion, ODG guidelines are used. The request as stated does not specify the duration of hospitalization. As such, the medical necessity of the request cannot be determined. Therefore, the request is not medically necessary.