MAXIMUS Federal Services

Case Number:	CM15-0211052		
Date Assigned:	10/29/2015	Date of Injury:	01/09/2013
Decision Date:	12/14/2015	UR Denial Date:	10/20/2015
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: 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 1/9/13. The mechanism of injury was not documented. The 2/23/13 cervical spine MRI demonstrated degenerative changes. There was mild spinal canal stenosis (AP dimension 9 mm) at C5/6 secondary to a 2 mm broad-based posterior disc protrusion. There was mild to moderate spinal canal stenosis (AP dimension 8 mm) at C6/7 with moderate right and mild left neuroforaminal narrowing secondary to a 2 mm broad-based posterior disc protrusion and bilateral uncovertebral hypertrophy. The 3/3/14 bilateral upper extremity electrodiagnostic study evidenced moderate right and mild left median neuropathy at the wrist, and bilateral ulnar neuropathy at the elbow. Records documented that a recent lumbar spine MRI had been performed and reported on the 2/6/15 medical legal report as showing L1 to S1 multiple stenosis with degenerative disc disease. The 10/5/15 treating physician report cited 6/10 pain aggravated by lifting, pulling, pushing, carrying, sitting, twisting, turning, and bending. Symptoms were reduced with medications and ice. Medications helped him to walk, sleep, and do a little bit around the house. He was able to help with laundry, cooking, vacuuming, gardening, and mopping with the use of medications. Physical exam documented spinal restrictions-subluxations C1, C2, sacrum and L5. There were moderate neck and back muscle spasms and range of motion "concerns" entire cervical spine. The right wrist was tender dorsally and there was some decreased sensation to his fingers. The diagnosis included cervical myofascial pain and intervertebral disc disease, bilateral carpal tunnel syndrome, status post right wrist fracture, and brachial neuritis/radiculitis. The treatment plan included Prilosec, Naproxen and follow up in one month. He was unable to work.

Authorization was requested for C5-C7 anterior cervical discectomy and fusion, Prilosec 20mg #60, Naproxen 500mg #60, and lumbar spine MRI. The 10/20/15 utilization review certified the request for Naproxen 500 mg #60. The request for Prilosec 20 mg #60 was non-certified as there was no indication that the injured worker was at increased risk for gastrointestinal events or had gastrointestinal symptomatology. The request for C5-C7 anterior cervical discectomy and fusion was non-certified as imaging was outdated, there was no electrodiagnostic evidence of radiculopathy, recent conservative treatment was not documented, and sensory loss was not well localized with potential ulnar nerve involvement as noted on the prior electrodiagnostic study. The request for a lumbar spine MRI was non-certified as there was no evidence indicating a significant change in symptoms and/or findings to support repeat imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7 Anterior Discectomy and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter - Anterior Cervical Discectomy & Fusion.

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) provides 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. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures. Guideline criteria have not been met. This injured worker presents with pain aggravated by activity. There was no specific pain location or distribution documented. Functional loss was noted in activities of daily living. Clinical exam findings did not evidence a positive Spurling's test, motor deficit or EMG findings of cervical radiculopathy. There is reported sensory loss to the fingers but there is no evidence that this is not related to carpal tunnel or cubital tunnel syndrome. Clinical exam findings are not correlated with prior

imaging evidence at the requested cervical levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. The use of PPIs is also support for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. Guideline criteria for intermediate gastrointestinal risk factors have not been met. The injured worker has been prescribed an NSAID but there is no evidence of a positive past medical history for gastrointestinal complaints or current complaints of dyspepsia. Therefore, this request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar and Thoracic Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic: MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Indiscriminant imaging carries the risk of diagnostic confusion. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Guideline criteria have not been met. There is no current physiologic evidence of tissue insult or neurologic dysfunction. There is no significant change documented relative to lumbar symptoms and/or findings suggestive of significant pathology to support the medical necessity of lumbar MRI. Therefore, this request is not medically necessary.