

Case Number:	CM15-0211513		
Date Assigned:	10/30/2015	Date of Injury:	06/11/2011
Decision Date:	12/22/2015	UR Denial Date:	10/08/2015
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 54-year-old male with a date of injury of June 11, 2011. The current request is for revision of anterior cervical discectomy and fusion at C5-6 and C6-7 levels and posterior decompression at C5-7. Per Neurology consultation of 10/15/2015 he underwent anterior cervical discectomy and fusion at C5-7 in September 2012 with no relief for bilateral arm symptoms. He underwent L3-S1 laminectomy and discectomy in August 2014 with no benefit. EMG and nerve conduction study of 10/9/2015 revealed a chronic bilateral C6 radiculopathy. In addition there was moderate bilateral median neuropathy at the wrists and moderate bilateral ulnar neuropathy across the elbow. A CT/myelogram of the cervical spine dated 8/10/2015 unofficially revealed the fusion at C5-6,7 with intact metallic plate although with broken left C7 fixating screw. No significant cervical spinal stenosis nor herniated disc was seen. The objective radiology report has not been submitted. He underwent a left carpal tunnel release in April 2014 and right carpal tunnel release in August 2015. On examination there was mildly decreased cervical rotation and normal cervical flexion. Straight leg raising was mildly positive on the left. Motor examination revealed 5/5 strength in all 4 limbs symmetrically with normal tone and bulk. No atrophy. Normal gait. Normal finger to nose and heel-to-shin. Sensation was decreased in the right face with touch, temperature and decreased vibration over the right eyebrow which was nonphysiologic. Deep tendon reflexes were 2+ throughout. Sensation was mildly decreased in the left leg but nonspecific. The impression was status post 9/2012 C5-7 anterior cervical discectomy and fusion with probable pseudoarthrosis at C6-7 with incomplete fusion and broken C7 fixating screw with postoperative odynophagia without clear

dysphagia, likely related to anterior incision and exacerbated or prolonged by tobacco smoking. No clear right facial sensory or cranial nerve deficit.; Possible mild purely sensory right greater than left C6-7 chronic radiculitis without any motor deficit and difficult to distinguish from carpal tunnel syndrome symptoms and not confirmed by EMG of 10/2015. An MRI scan of the cervical spine dated March 11, 2014 is noted. The report indicates C5-6 and C6-7 anterior cervical discectomy and fusion with anatomic alignment, C3-4 facet and unciniate arthropathy produces bilateral neural foraminal narrowing, C4-5 posterior annular tear/fissure, C5-6 facet arthropathy produces bilateral neural foraminal narrowing, C6-7 122 mm broad-based disc protrusion that abuts the thecal sac. Combined with facet and unciniate arthropathy there is bilateral neural foraminal narrowing, C7-T1 facet arthropathy produces bilateral neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of ACDF C5-6 and C6-7 levels post decompression C5-7: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck and upper back, Topic: Fusion.

Decision rationale: With regard to the request for anterior cervical discectomy and fusion, ODG criteria recommend tobacco cessation for at least 6 weeks prior to surgery. Pseudoarthrosis is recognized as an etiology of continued cervical pain and unsatisfactory outcome. Treatment options include a revision anterior approach versus a posterior approach. Regardless of approach, there is a high rate of continued moderate to severe pain even after solid fusion is achieved. In this case, although the requested procedure may be appropriate, the imaging study documenting pseudoarthrosis has not been submitted. As such, the surgical request cannot be properly evaluated. In light of the foregoing, the request for revision of the anterior cervical discectomy and fusion at C5-6 and C6-7 levels and posterior decompression at C5-6 and C6-7 is not supported and the medical necessity has not been substantiated.