MAXIMUS Federal Services

Case Number:	CM15-0214471		
Date Assigned:	11/04/2015	Date of Injury:	04/10/2000
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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 60-year-old male who sustained an industrial injury on 4/10/00. The mechanism of injury was not documented. The 3/15/15 cervical spine MRI impression documented multilevel degenerative disease, findings on the left were worst at C5/6. At C5/6, there was mild left foraminal and central canal narrowing by an osteophyte. At C6/7, there was mild narrowing of the canal ventrally by an osteophyte. At C3/4, there was a broad-based disc bulge with mild osteophytic narrowing of the right neural foramen. Conservative treatment had included medications, intrathecal drug delivery system, physical therapy, activity modification, and cervical epidural steroid injection. The 5/28/15 neurosurgery report cited increasing neck pain radiating into the left arm with tingling and weakness. Cervical spine exam documented positive Spurling's on the left, diminished right and absent left biceps reflexes, and decreased left C6 and C7 dermatome. Cervical epidural steroid injections were requested. If the injections provided significant temporary pain relief, he would be considered a surgical candidate. The 10/13/15 treating physician report cited grade 7/10 neck and thoracic spine pain, and grade 1/10 lower back pain. He reported mid back pain causing a coldness feeling throughout his thoracic spine with sharp shooting pain radiating to both flanks. Prior treatments had included failed Flexeril, Zanaflex, Soma, Robaxin, Skelaxin, Gabapentin, Lyrica, Amitriptyline, and Cymbalta. He had no significant sustained relief from a left cervical epidural steroid injection at C6-T1 performed on 6/19/15. He had moderate relief with physical therapy and nerve block-injections. Cervical spine exam documented decreased range of motion, positive bilateral facet loading tests, and decreased left C6 and C7 dermatomal sensation. He had a steady gait. The spine

surgeon had recommended a C5-C7 anterior cervical discectomy and fusion with instrumentation and allograft in his 9/24/15 report. Authorization was requested for anterior cervical discectomy and fusion (ACDF) with instrumentation at C5/6 and C6/7. The 10/21/15 utilization review certified the request for ACDF with instrumentation at C5/6. The request for ACDF with instrumentation at C6/7 was non-certified as the medical records did not document focal neurologic findings correlated with imaging findings supporting ACDF at C6/7. Imaging did not document neural compression at C6/7. There was only mild right sided foraminal encroachment by an osteophyte and the injured worker's symptoms were left sided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior C6-C7 discectomy, fusion with instrumentation Qty: 1: Overturned

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

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. 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.Guideline criteria have been met. This injured worker presents with neck pain radiating into the left upper extremity with tingling and weakness. Clinical exam findings documented positive Spurling's, reflex change, and sensory deficits consistent with plausible nerve root compromise at the C5/6 and C6/7 levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.