

Case Number:	CM15-0220066		
Date Assigned:	11/16/2015	Date of Injury:	03/08/2010
Decision Date:	12/28/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/10/2015

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 58-year-old male who sustained an industrial injury on 3/08/10. Injury occurred relative to repetitive work activities. Conservative treatment included exercise, activity modification, acupuncture, physical therapy, epidural steroid injection, chiropractic care, and medications. The 12/9/14 cervical spine x-ray findings documented normal alignment with no instability. There was moderate narrowing of the C5/6 disc space with posterior bony spur. The 3/13/15 cervical spine MRI impression documented degenerative disc disease at C3/4 through C6/7. There was uncovertebral hypertrophy at C5/6 and C6/7. At C5/6, there was a broad-based disc bulge and uncovertebral hypertrophy resulting in severe right and moderate left neuroforaminal narrowing. At C6/7, there was a right foraminal disc protrusion and uncovertebral hypertrophy resulting in severe right neuroforaminal narrowing. Uncovertebral hypertrophy caused mild left neuroforaminal narrowing. The 4/30/15 bilateral upper extremity electrodiagnostic study impression documented evidence for acute right and chronic left cervical dorsal rami denervation and possible right C7 radiculopathy. The 9/18/15 spine surgery report cited continued neck and interscapular pain radiating into the radial three digits. Physical exam documented cervicothoracic tenderness to palpation, several painful trigger points over the upper trapezius, preserved strength, positive Spurling's bilaterally, and restricted cervical spine rotation. The injured worker had degenerative disc disease at C5/6 and C6/7 with a combination of axial neck pain and bilateral C6 and C7 radiculopathy. The treatment plan recommended anterior cervical discectomy and fusion at C5/6 and C6/7. The 10/8/15 treating physician report cited persistent neck pain radiating into the bilateral upper extremities. Physical exam

documented limited cervical extension and rotation, upper trapezius tenderness and trigger points, positive right Spurling's, 4+/5 right elbow extensor and wrist flexor weakness, and 4+ to 5-/5 bilateral abductor pollicis brevis weakness. There was imaging evidence for right C6/7 disc protrusion with severe right neuroforaminal narrowing, and C5/6 narrowing. He had weakness in the right C7 myotomes and absent right triceps reflex. Authorization was requested for anterior cervical discectomy and fusion C5-C7 and iliac crest autograft with an associated 3-day inpatient stay. The 10/17/15 utilization review non-certified the request for ACDF at C5-7 with iliac crest autograft and the associated inpatient stay as there was no documentation of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion C5-C7 and iliac crest autograft: Overturned

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 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 persistent and function-limiting neck pain radiating into the bilateral upper extremities. Spurling's test is positive. Clinical exam findings of motor deficit and reflex change are consistent with imaging evidence of nerve root compromise at the C5/6 and C6/7 levels, and electrodiagnostic evidence of positive right C7 radiculopathy. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical service: Three day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical fusion and decompression is 1-2 days. An inpatient stay up to 2 days would typically be supported for this procedure. There is no compelling rationale presented to support this request as an exception to guidelines. Therefore, this request is not medically necessary.