

Case Number:	CM15-0038395		
Date Assigned:	03/09/2015	Date of Injury:	07/25/2010
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 55-year-old female who sustained an industrial injury on 7/25/10, due to cumulative trauma. Past surgical history was positive for 3 left shoulder surgeries and one right shoulder surgery. The 4/7/14 cervical spine MRI impression documented (compared to 11/27/12 study) increased broad-based disc protrusion and osteophyte formation at C5/6, now 4 mm, contributing to central canal stenosis with central canal AP dimension of 7 mm. There was minimal cerebral spinal fluid around the cord, and cord compression could not be excluded. There was bilateral foraminal encroachment due to ridging along the disc annulus and uncinat spurs. At C6/7, there was increased posterior disc bulge and ridging now measuring 4 mm, contributing to central canal stenosis with AP dimension of the central canal of 8 mm. There was no evidence of cord compression. There was bilateral foraminal encroachment due to ridging along the disc annulus and uncinat spurs. The 5/8/14 EMG/NCV study revealed no diagnostic evidence of cervical radiculopathy, bilateral. Findings were consistent with moderate right carpal tunnel syndrome and moderate ulnar neuropathy at the elbows, bilaterally. The 2/9/15 orthopedic report cited constant and severe mechanical neck pain with some radiation into the left upper extremity, and significant limitation in range of motion. Physical exam documented limited range of motion in all planes, some left ulnar entrapment symptoms with a positive Tinel's sign. Neurologic exam indicated a left C7 radiculopathy with absent left triceps reflex, mild 5-/5 left triceps weakness, and 4+/5 left grip strength weakness. Imaging from April 2012 was reviewed. Plain cervical spine flexion/extension x-rays showed severe collapse of the C5/6 and C6/7 level that was essentially bone-on-bone, and foraminal views showed relatively open foramen

bilaterally at both levels. There was no gross instability. The injured worker had undergone an extensive amount of conservative treatment over the years. Authorization was requested for C5/6 and C6/7 anterior cervical discectomy and fusion. The 2/25/15 utilization review non-certified the request for anterior cervical discectomy and fusion at C5/6 and C6/7 based on an absence of objective radiologist interpretation and no delineation of specific conservative treatment for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Level Anterior Cervical Discectomy at C5-6 and C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. 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. Guideline criteria have been met. The patient presents with severe mechanical neck pain with some radiation of pain into the left arm, with no description of the pain distribution or evidence of a positive Spurling's test. There is evidence of reflex and motor deficit consistent with C7 radiculopathy that was not confirmed by electrodiagnostic testing. There is imaging evidence of plausible cord compression at C5/6. A reasonable non-operative treatment protocol trial (of medications and reduced activities) and failure has been submitted. Therefore, this request is medically necessary at this time.