

Case Number:	CM15-0038728		
Date Assigned:	03/11/2015	Date of Injury:	08/12/2011
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
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 50-year-old male who sustained an industrial injury on 8/12/11. Injury was reported relative to stacking lumber with onset of neck and upper back pain. Past surgical history was positive for anterior cervical discectomy and fusion of C4/5, C5/6 and C6/7 with anterior plating on 6/7/02. The 2/7/13 psychological evaluation recommended that surgery be approached very cautiously as there was a great deal of manipulation to the entire claim with anger, bitterness and suspicion. No psychiatric treatment was recommended. The 3/21/14 cervical spine MRI impression documented a stable anterior interbody fusion from C4 through C7, mild degeneration of the C7/T1 disc, and moderately severe C3/4 neuroforaminal stenosis. There was a focus of T2 prolongation in the cervical spinal cord (anterior left side) extending over a 1 cm segment from C3/4 to C4/5. Findings indicated there was a disc/osteophyte complex at C3/4 effacing the subarachnoid space but not compressing the cord. The 9/5/14 cervical x-rays documented status post fusion C4 to C7 that was stable in appearance. There was mild disc space narrowing at C3/4. The anterior aspect of the C3/4 disc space widened and narrowed mildly on extension and flexion. The 12/1/14 spine surgeon consult report cited neck pain with radiation and muscle spasms throughout the entire spine, frequent headaches, left arm weakness and atrophy, and intermittent paresthesias in the bilateral upper extremity from the elbow through the fingertips. Conservative treatment had included physical therapy, chiropractic, massage therapy, medial branch block at C2/3 and C7/T1, C3/4 epidural steroid injection, and Botox injections with no sustained benefit. Physical exam documented limited range of motion with more pain in extension and bilateral tilt, and paravertebral muscle tenderness and spasms in the entire spine.

Atrophy was noted over the left pectoralis, deltoid, and to a lesser degree the triceps muscles. There was left triceps hyperreflexia. Strength was somewhat diminished in the left deltoid and biceps. Sensation was grossly intact. Hoffmans was slightly positive on the left. There was no clonus. X-rays showed solid fusion at C4/5, C5/6 and C6/7, with significant degenerative changes at C3/4. There was retrolisthesis of C3 on C4 of at least 4 mm in extension, which reduced in flexion. This represented a significant instability pattern and there was collapse of the C3/4 interspace. MRI was reviewed and showed significant degenerative changes at C3/4 with posterior disc osteophyte complex and a contour deformity of the cervical spinal cord. There was a focus of T2 prolongation in the cervical spinal cord on the left side adjacent to the C3/4 level and moderately severe bilateral foraminal stenosis. A C3/4 anterior cervical discectomy and fusion was recommended. The 2/3/15 treating physician report cited worsening neck pain and headaches, muscle spasms, and left upper extremity pain. Short term benefit was noted with Botox and epidural steroid injection, but symptoms based to baseline grade 3-8/10. Medications included ibuprofen, hydrocodone/acetaminophen, and Lunesta. The patient was reported to be a current smoker, ¾ packs per day. Physical exam documented crepitation with cervical range of motion, good upper extremity strength, significant left biceps and triceps atrophy, left arm tremor on tightening the biceps, and left grip strength weakness. The treating physician report indicated that there was C3/4 translational instability of over 4 mm in flexion and extension, bilateral foraminal stenosis, and signal changes in the cord with contour defect. Second opinion agreed that the patient would greatly benefit from decompression/fusion at C3/4. Daily headaches were consistent with the C3/4 on-going injury. The injured worker was severely limited in function. The 2/3/15 utilization review non-certified the request for C3/4 ACDF and associated surgical requests as there was no evidence of radicular pain, nerve root compromise or evidence of motor or sensory changes to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C4 ACDF (Anterior Cervical Discectomy and Fusion) surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Criteria for Anterior Cervical Discectomy and Fusion.

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: 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 for cervical fusion that include spondylotic myelopathy based on clinical signs/symptoms (Clumsiness of hands, urinary urgency, new-onset bowel or bladder incontinence, frequent falls, hyperreflexia, Hoffmann sign, increased tone or spasticity, loss of thenar or hypothenar eminence, gait abnormality or pathologic Babinski sign) and diagnostic

imaging (i.e., MRI or CT myelogram) demonstrating spinal cord compression. Guidelines indications also include spondylotic radiculopathy or instability when there is x-ray evidence of instability on flexion/extension x-rays with sagittal instability greater than 3 mm. Guideline criteria includes tobacco cessation for at least 6 weeks prior to surgery due to the high risk of pseudoarthrosis. Guideline criteria have not been met. This patient presents with clinical signs/symptoms of spondylotic myelopathy (hyperreflexia and Hoffman signs) with imaging evidence suggestive of cord compression, adjacent segment disease, and radiographic findings of translational instability. However, there are significant psychological issues previously identified and current surgical clearance is not evidenced. There is also documentation that the patient is a current every day smoker with no evidence of 6 weeks of smoking cessation. Therefore, this request is not medically necessary at this time.

Associated surgical service: 1 day hospital 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: As the surgical request is not supported, this request is not medically necessary.

Pre-operative EKG, Chest X-ray, labs (Chem panel, CBC, UA, PT, PTT/INR): 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Associated surgical service: Cervical hard collar: 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: Cervical collar, post operative (fusion).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Associated surgical service: Cervical soft collar: 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: Cervical collar, post operative (fusion).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.