

Case Number:	CM15-0040207		
Date Assigned:	03/10/2015	Date of Injury:	07/11/2008
Decision Date:	05/05/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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 61-year-old who sustained an industrial injury on 7/11/08. Injury occurred when she slipped and fell, landing on both knees. The 10/8/14 bilateral upper extremity electrodiagnostic study documented evidence of right median sensory neuropathy at the wrist. There were isolated chronic neuropathic findings suggestive but not confirmatory of right C5/6 radiculopathy. The 10/15/14 cervical spine MRI impression documented grade 1 anterolisthesis of C4 on C5, likely degenerative in nature, with mild/moderate left facet hypertrophy and osteophytosis. There were multilevel circumferentially bulging disc-osteophyte complexes and moderate disc height loss at C5/6 and C6/7 resulting in mild effacement of the ventral CSF without distortion of the cord and moderate bilateral neuroforaminal narrowing at C5/6 and C6/7. There was mild bilateral neuroforaminal narrowing at C7/T1 and mild right facet hypertrophy at C3/4. The 11/4/14 initial orthopedic consult report cited complaints of neck and right arm pain, and pain with neck motion. The injured worker denied receiving any physical therapy or prescription medications for this injury. Physical exam documented moderate loss of cervical range of motion, positive head compression, and decreased right C5/6 and C6/7 sensation. Biceps and triceps reflexes were +1 right and +2 left. Motor testing documented 4/5 biceps, triceps and wrist flexor weakness. The diagnosis was cervical C5/6 and C6/7 herniated nucleus pulposus with right radiculopathy. The treatment plan recommended anterior cervical discectomy and fusion (ACDF) C5/6 and C6/7. The 1/15/15 treating physician report cited complaints of neck, upper back, bilateral knee and right ankle pain. Sensation was intact over the left anterior thigh, calf and ankle. The diagnosis included cervical spine anterolisthesis, thoracic

spine strain, bilateral knee strain, and right ankle strain. The treatment plan recommended acupuncture 1x6 for the cervical and thoracic spine and ACDF surgery at C5/6 and C6/7. The 2/10/15 utilization review non-certified the request for ACDF C5/6 and C6/7 as there was no evidence of acute radicular findings or clinical correlation between imaging and exam findings to support the 2-level procedure.

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 at C5-6, C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp, 19th Edition, 2014, Neck and Upper Back Chapter, Fusion, Anterior Cervical, Indications for Surgery - Discectomy/laminectomy.

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 not been met. This patient presents with neck and right arm pain. Clinical exam documented motor deficit and reflex change consistent with plausible neurocompression at C5/6 and C6/7. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. The record indicated that the injured worker had not attempted physical therapy, prescription medications, or injections. Therefore, this request is not medically necessary at this time.