

<b>Case Number:</b>	CM15-0049826		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 48-year-old male who sustained an industrial injury to the right upper extremity, right shoulder and neck on 10/3/13. The 12/19/14 treating physician report cited persistent grade 6-7/10 cervical spine pain, affecting activities of daily living and requiring ongoing narcotic analgesics. Physical exam documented diminished cervical range of motion, paraspinal muscle tenderness, and weakness in the C7 distribution including wrist extensors and triceps. Current diagnoses included displacement of cervical intervertebral disc without myelopathy. The treatment plan included 2 level keyhole foraminotomy C5-6 C6-7 and associated surgical services. The 1/22/15 cervical spine x-ray impression documented multilevel degenerative changes of the cervical spine. There was marked narrowing at the C5/6 and C6/7 disc spaces, with minimal spurring of C5, C6, and C7. The 2/18/15 utilization review non-certified the request for 2-level keyhole foraminotomy C5/6 and C6/7 and associated pre-operative medical clearance and post-op cervical brace as the MRI was not provided for review, the EMG was negative for nerve entrapment, and conservative treatment was not detailed. The 3/2/15 treating physician appeal letter indicate that a 12/2/13 cervical MRI demonstrated severe right and moderate left foraminal narrowing at C6/7, and bilateral foraminal stenosis at C5/6 due to uncovertebral spurring. There were x-ray findings of marked narrowing at C5/6 and C6/7. The 1/30/15 exam note documented objective right sided wrist flexor and finger extensor weakness consistent with involvement of the C7, and less so C6, nerve roots. Conservative treatment had included two epidural injection with 3 to 4 days of pain relief, 15 sessions of physical therapy with only short term improvement, and failure of non-steroidal anti-inflammatory and analgesic

medications. The treating physician opined there was clear clinical, radiographic and MRI evidence of cervical radiculopathy and axial neck pain due to advanced degenerative disc disease associated with foraminal stenosis at both C5/6 and C6/7. The patient had failed all modes of conservative treatment and was highly debilitated and was very motivated to return to work. Authorization of the 2-level keyhole foraminotomy C5/6 and C6/7, pre-operative medical clearance, and cervical brace was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **2 level keyhole foraminotomy C5-6 C6-7: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, Chronic Pain Treatment Guidelines.

**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.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications. The ODG recommend laminotomy 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 presence of a positive Spurling test, evidence of motor deficit or reflex changes 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. This patient presents with signs/symptoms and clinical exam evidence consistent with imaging evidence of marked narrowing at C5/6 and C6/7 and plausible nerve root compression. There is functional limitation reported precluding return to work. 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.

**Pre-op medical clearance:** Overturned

**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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-

operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on the patient's age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

**Associated surgical service: cervical brace:** Overturned

**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; Neck and Upper Back, Cervical collar, post-operative (fusion).

**Decision rationale:** The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery for pain relief and support. Therefore, this request is medically necessary.