

Case Number:	CM15-0051483		
Date Assigned:	03/24/2015	Date of Injury:	04/29/2013
Decision Date:	05/08/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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 4/29/13. Injury occurred when he was driving an 18-wheel truck-trailer combination and the right rear tire was struck by a car. The impact was sufficient to break the rear axle. Records indicated that the patient had been under psychological care since 6/5/13 for posttraumatic stress disorder. The patient had attended 6 physical therapy visits that made his pain worse. The 8/27/14 cervical MRI documented multilevel cervical degenerative disc disease. At C6/7, there was mild to moderate degenerative disc disease with a shallow disc osteophyte complex that indented the anterior CSF space but overall the AP canal diameter was widely patent. There was minimal imprint on the anterior margin of the cord on the left but posterior CSF space was capacious, therefore no cord compression or abnormal cord signal was present. There was uncovertebral joint arthrosis, left greater than right, which caused moderate left foraminal narrowing and relatively mild foraminal encroachment. Epidural steroid injections at left C5-C7 were performed on 10/29/14 and 12/31/14 with no benefit. The 1/13/15 treating physician report cited neck and back pain, rated at constant grade 6-7/10. Neck pain radiated into the left shoulder to the arm. Pain was worse with tilting the head down or to the side. Pain was sometimes alleviated with ibuprofen. Physical exam documented normal gait, station and coordination. There was slight left triceps weakness and depressed left biceps and triceps deep tendon reflexes. Sensation was normal. Imaging showed moderate stenosis on the left at C6/7 and x-rays demonstrated no instability. The diagnosis was cervical degenerative disc disease, radiculopathy, and stenosis. The treatment plan recommended C6/7 anterior cervical discectomy and fusion (ACDF). The

2/9/15 treating physician report cited severe headaches due to neck pain, grade /10 and constant. Physical exam was unchanged. The 2/19/15 utilization review non-certified the request for C6/7 ACDF as there was no clear evidence of nerve root compression corresponding with the symptom complex and clinical findings. The 3/26/15 medical legal report opined that a chronic myofascitis from a cervical whiplash injury could cause the cervical spine pain the radiated into the left posterior shoulder girdle and the associated headaches. He reported a negative neurologic examination. He noted that there was no benefit at all to the epidural steroid injections and recommended that an EMG/NCV be obtained for confirmation of cervical radiculopathy prior to consideration of the recommended ACDF.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Anterior cervical discectomy and fusion (ACDF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

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) provides 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 not been met. This patient presents with chronic cervical pain that radiates into the left shoulder and arm, but there is no clear distribution of pain into the forearm and fingers consistent with a C6/7 radiculopathy. Clinical exam findings are consistent with plausible C6/7 radiculopathy. There is imaging evidence of moderate left neuroforaminal narrowing at C6/7 but no definite evidence of neural compromise. Epidural steroid injections were performed twice and provided no benefit either time. Psychological issues are noted in the record with no evidence of surgical clearance. The agreed medical examiner documented a normal neurologic examination and recommended electrodiagnostic studies for confirmation of radiculopathy prior to surgical intervention. Given these clinical indications, this request is not medically necessary at this time.

1 night length of 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.