

Case Number:	CM15-0051589		
Date Assigned:	03/25/2015	Date of Injury:	05/12/2012
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
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 51-year-old male who sustained an industrial injury on 5/12/12. Past surgical history was positive for carpal tunnel release on 9/10/14. The 8/19/14 right shoulder MRI documented SLAP tear with supraspinatus tendinopathy with unfavorable acromioclavicular joint and acromion morphology. The 1/22/15 cervical MRI conclusion documented mild multilevel degenerative disc disease and mild diffuse facet arthropathy. There were mild disc osteophyte complexes at C4/5, C5/6, and C6/7 with mild to moderate spinal canal narrowing, most pronounced at C4/5. There was moderate bilateral neuroforaminal narrowing at C5/6 and C6/7. The 2/12/15 treating physician report cited continued neck and right shoulder pain with some cervical occipital headache. A right shoulder corticosteroid injection seemed to work temporarily. Right shoulder surgery was planned. He complained of some decreased left hand strength and continued symptoms of carpal tunnel syndrome. When he turned his head to the right, he gets neck and shoulder pain and headaches. Physical exam documented decreased cervical right rotation and left tilt. Grip strength was 30/30. Reflexes were symmetrical in the upper and lower extremities. There was painful right shoulder range of motion. Right carpal tunnel incision was clean and dry. The diagnosis was C4/5 disc syndrome with canal stenosis and disc protrusion with radiculopathy, right shoulder pathology with surgery pending, and left carpal tunnel syndrome. The treatment plan recommended anterior cervical discectomy, fusion and plating at C4-C5, and left carpal tunnel release. The treating physician report reported that the injured worker had been struck on the head with severe scalp laceration on the date of injury. Given his report of headaches and possible memory loss, work-up for post-concussion syndrome

or traumatic brain injury was indication and neuropsych evaluation and functional testing was recommended. The 3/4/15 utilization review non-certified the request for anterior cervical discectomy and fusion and plating C4/5 as there were no clear signs and symptoms of cervical radiculopathy or imaging evidence of significant neural compressive lesions. The request for left carpal tunnel release was non-certified, as clinical exam findings did not document signs/symptoms to support the medical necessity of carpal tunnel release. The request for neuropsych evaluation and functional testing was non-certified as there were no current indications to support the medical necessity 3 years post injury. The 3/26/15 treating physician report cited continued neck, right shoulder, and intrascapular pain. Pain radiated down the right arm, with a lot of elbow pain. Headaches persisted on top of his head where he had his previous laceration and also on the right side of his head. His right hand went numb in the ulnar distribution. He was recently diagnosed with diabetes and blood sugar control was required before proceeding with right shoulder surgery. Physical exam documented the injured worker was awake, alert, and oriented, and had normal speech. There was tenderness over the ulnar nerve at the right elbow, decreased sensation in the right ulnar distribution of the right hand, grip 25/45, and hypoactive reflexes throughout. Pain was increased with cervical extension. The treatment plan recommended updated nerve conduction study to rule-out right ulnar entrapment at the elbow. Authorization was also requested for neuropsych evaluation because of his continued headaches and memory problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy, fusion, plating C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. The patient presents with neck pain and right upper extremity complaints. There is no documentation of a cervical dermatomal pattern to the right upper extremity symptoms. There is no clinical evidence of a positive Spurling's test, motor deficit or reflex change, or electrodiagnostic findings correlated with imaging findings at C4/5. There is no clear imaging evidence of nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Integrated Treatment/Disability Duration Guidelines, ODG (http://www.odg-twc.com/odgtwc/Carpal_Tunnel.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have not been met. Records have documented non-specific carpal tunnel symptoms on the left side. There is no current documentation of carpal tunnel signs/symptoms or clinical exam findings of positive carpal tunnel provocative testing. There is no electrodiagnostic report in the provided records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, the request is not medically necessary.

Neuropsych evaluation and functional testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head: Post-concussion syndrome; Neuropsychological testing.

Decision rationale: The California MTUS guidelines do not address neuropsychological evaluations or testing for head trauma, but recommend psychological evaluations for chronic pain patients. The Official Disability Guidelines recommend neuropsychological testing for severe traumatic brain injury but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. Guideline criteria have not been met. This injured worker is 3

years status post reported head trauma. There is report of headaches, but cervicogenic cause is not ruled out. There is a complaint of poor memory and expressed concern for post-concussion syndrome. Although a psychological screening, evaluation would be generally supported for this injured worker based on chronic pain, there is no consistent evidence that supports a diagnosis of post-concussion syndrome to necessitate neuropsychological functional testing at this time. Therefore, this request is not medically necessary.