

Case Number:	CM15-0052096		
Date Assigned:	03/25/2015	Date of Injury:	01/25/2007
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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 36-year-old female who sustained an industrial injury on 1/25/07. Injury occurred while attempting to lift and pull a disabled adult weighing approximately 240 pounds into a chair using a motorized lift. She underwent left open distal clavicle resection, acromioplasty, and coracoacromial ligament resection on 1/31/08. The 10/20/14 cervical spine MRI impression documented cervical spine degenerative changes with disc desiccation from C2/3 through C6/7. There was a 1 mm central disc protrusion with associated annular fissuring at C4/5, a 1-2 mm central disc protrusion at C5/6, and a 1 mm broad central disc protrusion at C6/7. There was no evidence of spinal canal stenosis or neuroforaminal narrowing at any level. The facet joints were normal. The 11/6/14 neurosurgeon report cited on-going complaints of neck and upper extremity pain with numbness and weakness. There was a 2-pack smoking history noted. Physical exam documented posterior cervical tenderness with moderate loss of range of motion and 2+ paravertebral muscle spasms. Neurologic exam documented bilateral triceps weakness and decreased triceps reflex. Sensation was decreased over the triceps area and ulnar forearm. The diagnosis was C6/7 disc herniation with cervical radiculopathy. The treatment plan recommended C6/7 anterior cervical discectomy and fusion. The 2/13/15 treating physician report cited grade 6/10 neck pain radiating to her head and shoulders. Pain was exacerbated by repetitive movements and activities of daily living. Pain was alleviated by medication, rest, and pain patches. Current medications included opioid pain, muscle relaxant, neuropathic, benzodiazepine, and anti-depressant medications with 30% reduction in pain noted with use. Cervical exam documented paracervical muscle tenderness, straightening of the normal lordotic

curvature, trigger point myospasms, and limited range of motion. Compression, distraction, Bakody, Spurling's, and Sharp-Purser tests were positive bilaterally. The diagnoses included cervical radiculopathy and herniated nucleus pulposus, and anxiety. The treatment plan documented medication management. Authorization was pending for anterior cervical discectomy and fusion as recommended by the neurosurgeon and psychological evaluation required for surgical clearance and to treat anxiety due to delays in treatment. The 3/11/15 utilization review non-certified the request for anterior cervical discectomy and fusion as there were no radicular symptoms or objective findings on exam, or EMG evidence consistent with radiculopathy. The request for psychology evaluation, twice weekly (8 sessions) was non-certified as there was no documentation relative to the length of symptoms.

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 surgery, levels unspecified, per 02/ 13 f 15 order QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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. Because of the high risk of pseudoarthrosis, a smoker anticipating a spinal fusion should adhere to a tobacco-cessation program that results in abstinence from tobacco for at least six weeks prior to surgery. Guideline criteria have not been met. This patient has chronic neck radicular pain and a positive Spurling's test. Smoking history was noted to be positive for a 2-pack per day history with no discussion of smoking cessation. There is no current neurologic exam documented. Psychological issues are noted with no current psychosocial evaluation documented. There is imaging evidence of disc protrusions without neural compression.. Additionally, this request does not specify the surgical level. Therefore, this request is not medically necessary.

Psych evaluation, twice weekly, per 02/13/15 order QTY: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 11/21/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations; Psychological treatment Page(s): 100-102.

Decision rationale: The California MTUS guidelines recommend the use of psychological evaluation to determine if further psychosocial interventions are indicated, and support the use of psychosocial screening prior to cervical surgery. Additional psychology treatment may be supported for appropriated identified patients during treatment for chronic pain. A psychological evaluation would be supported for pre-operative clearance. However, guideline criteria have not been met for psychological treatment. This request for treatment is for anxiety due to delays in treatment. Although anxiety is documented as a diagnosis, there are no specific somatic manifestations of emotional states or psychological problems reported. Therefore, this request is not medically necessary.