

Case Number:	CM15-0052524		
Date Assigned:	03/26/2015	Date of Injury:	08/01/2014
Decision Date:	05/12/2015	UR Denial Date:	03/12/2015
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 68-year-old male who sustained in industrial injury on 8/01/14. Injury occurred while pulling down a trailer door. The 9/11/14 cervical spine MRI impression documented minimal to mild central canal stenosis and moderate to severe bilateral neuroforaminal stenosis at C5/6 secondary to a 5.0 mm disc herniation. There was minimal central canal stenosis and moderate bilateral neuroforaminal stenosis at C4/5 secondary to 4.0 mm broad-based disc protrusion. Effacement of the anterior thecal sac was noted at the C4/5 and C5/6 levels. There was minimal central canal stenosis and minimal to mild bilateral neuroforaminal stenosis at C6/7 due to a 3.0 mm broad-based disc protrusion. The injured worker underwent right shoulder arthroscopy with labral debridement, synovectomy, subacromial decompression, and rotator cuff repair on 2/11/15. The 2/25/15 spine surgeon report cited follow-up after right shoulder surgery. Cervical exam documented paraspinal tenderness to palpation, normal cervical range of motion, and negative Hoffman's sign. Physical exam documented 4/5 right shoulder abduction strength, normal upper extremity deep tendon reflexes. There was diminished bilateral C5 dermatomal sensation. The diagnosis was cervical radiculopathy, status post rotator cuff repair. Authorization was requested for post-op right shoulder physical therapy. Authorization was also requested for C4-C6/7 anterior cervical discectomy and fusion (ACDF) in 3 months as the injured worker had failed 6 months of conservative treatment and had neurologic deficit concurrent with his MRI findings. The 3/12/15 utilization review non-certified the request for C4-6 ACDF as there was no documented radicular symptoms and no clinical findings of motor or reflex deficit to support the medical necessity of

the requested surgery. The 3/19/15 treating physician appeal letter stated that the injured worker had numbness in the C5 dermatome and therefore the denial of the C4-C6 ACDF should have at the very least been modified to partial certification for C4 through C5 ACDF. He reported there was evidence of stenosis at C4 and C6 and, even though he only had dermatological numbness at one level, it made sense to decompress all the other nerve roots given that he was already undertaking the risks of surgery. The 3/30/15 utilization review modified a request for C4-C6 ACDF to anterior cervical discectomy and fusion at C4/5 level only.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-6 anterior cervical discectomy and fusion: 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. 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 injured worker presents with imaging evidence of plausible neural compression at C4/5 and C5/6, however this does not correlate with clinical exam findings limited to numbness in the C5 dermatomal distribution. There is no clear documentation of pain and radicular symptoms. There are no clinical exam findings of positive Spurling's test, motor deficit, reflex changes, or positive EMG findings to correlate with imaging. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. A subsequent utilization review has partially certified a C4/5 anterior cervical discectomy and fusion. There is no compelling reason to support the medical necessity of additional surgery at this time. Therefore, this request is not medically necessary.