

Case Number:	CM15-0058147		
Date Assigned:	04/02/2015	Date of Injury:	06/04/2013
Decision Date:	05/13/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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: Minnesota, Florida
 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 62 year old male, who sustained an industrial injury on 6/4/2013. He reported pain in his neck, shoulders and back. Diagnoses have included cervical herniated discs, central and foraminal stenosis. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) and medication. According to the progress report dated 1/14/2015, the injured worker complained of neck pain and upper extremity radiation pain with weakness, numbness and tingling. He rated his radicular pain as 5-8/10. He reported increased weakness and dropping things due to his symptoms. Exam of the neck revealed restricted range of motion looking up. He had positive Spurling test bilaterally. It was noted that the injured worker's cervical symptoms were increasing with related levels of C5-6 and C6-7 and signs of early cervical myelopathy. Authorization was requested for C5-6 and C6-7 anterior cervical discectomy and fusion with cages and bone graft. On 3/3/2015 utilization review noncertified the request for surgery noting conservative treatment had not been exhausted and there was no instability documented. This has been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 and C6-7 anterior cervical discectomy and fusion with cages and bone graft:
 Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180.

Decision rationale: The injured worker is a 62-year-old male with a history of industrial injury on 6/4/2013. A prior utilization review of 10/17/2014 noncertified a request for anterior cervical discectomy and fusion at C5-6 and C6-7. The reasons given included conservative treatment had not been exhausted and there was no evidence of instability at the requested levels. Since that time, the provider has submitted additional information which indicates some weakness of the upper extremities in that the injured worker is dropping things and also there is evidence of early myelopathy. On examination, range of motion of the cervical spine is restricted. There is a positive Spurling test bilaterally. There is a positive Hoffmann reflex. Deep tendon reflexes are 3+ in both knees, 2+ in both ankles and 3+ in biceps, triceps and brachioradialis. Electrodiagnostic studies in the past revealed evidence of C6 and C7 radiculopathy on the left. In light of the progression of the neurologic deficit with evidence of early myelopathy the provider is requesting anterior cervical discectomy and fusion at C5-6 and C6-7. The documentation provided does not include a recent MRI scan. However, based upon the progression of the neurologic findings and evidence of early myelopathy, a request for reconsideration of the surgery has been submitted. California MTUS guidelines indicate surgical considerations for severe spinovertebral pathology and severe debilitating symptoms with electrophysiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. The documentation submitted supports this indication for surgery. Referral for surgical consultation is indicated in patients who have persistent severe and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term, and unresolved radicular symptoms after receiving conservative treatment. The progression of the neurologic findings and the presence of myelopathy supports the surgical request. As such, the request for anterior cervical discectomy and fusion at C5-6 and C6-7 is supported and the request is medically necessary.