

Case Number:	CM15-0058518		
Date Assigned:	04/03/2015	Date of Injury:	12/20/2012
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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 58-year-old female who sustained an industrial injury on 12/20/12. The mechanism of injury was not documented. The 2/18/15 cervical MRI impression documented straightening of the cervical lordosis with discogenic disease and uncinata joint hypertrophy from C4-C7. At C4/5, there was severe bilateral neuroforaminal stenosis and mild spinal cord impingement. At C5/6 and C6/7, there was severe bilateral neuroforaminal stenosis and mild central stenosis. The 2/23/15 treating physician report cited constant grade 3-8/10 neck pain, worsened with rotational maneuvers. There was radiation of pain into the right shoulder and down both arms to the fingers with numbness and tingling, left greater than right. Medications include ibuprofen and Vicodin. Physical exam documented guarded cervical range of motion with some crepitation, paracervical spasms and tenderness extending into the shoulders, and positive Spurling's test was positive on the left with pain radiating into the left periscapular region. There was no evidence of myelopathy. Long tract signs were negative and sensation was intact. Imaging documented advanced discogenic disease and severe bilateral foraminal stenosis at C4/5, C5/6, and C6/7. The treating physician report opined that her cervical pathology does not lend itself to a reasonable expectation of improvement with physical therapy or chiropractic treatment, and she declined epidural steroid injection as it was non-curative. Work status documented continues current work duty. Authorization was requested for C4/5, C5/6, and C6/7 anterior cervical discectomy and fusion. The 3/9/15 utilization review non-certified the request for C4/5, C5/6, and C6/7 anterior cervical discectomy and fusion with PA assistant. The rationale for non-certification based on lack of correlation between the MRI report and clinical exam

findings, absence of EMG in light of normal neurologic findings, and incomplete conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C5-6 and C6-7 anterior cervical discectomy and fusion (ACDF) with assist: PA:
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) 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. This injured worker presents with constant neck pain radiating with numbness and tingling into both hands with positive Spurling's test on the left. Imaging documented multilevel discogenic disease with severe bilateral neuroforaminal stenosis and mild cord impingement. However, clinical exam does not document motor deficit or reflex change. There is no documentation of EMG findings. 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.

Post-operative cervical collar: 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; Neck and Upper Back, Cervical collar, post-operative (fusion).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.