

Case Number:	CM15-0058996		
Date Assigned:	04/17/2015	Date of Injury:	09/27/2013
Decision Date:	07/14/2015	UR Denial Date:	02/23/2015
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 61-year-old male who sustained an industrial injury on 9/27/13. The mechanism of injury was not documented. The 7/24/14 cervical spine MRI showed a moderate disc extrusion at C3/4 compression the thecal sac and causing moderate cord compression. The signal throughout the cord was normal in intensity. There was a disc osteophyte complex at C4/5 effacing the ventral subarachnoid space and resulting in mild central canal stenosis, and uncovertebral spurring with mild to moderate left foraminal stenosis. At C5/6, there was a disc osteophyte complex effacing the ventral subarachnoid space and resulting in mild central canal stenosis on the right and mild to moderate right and mild left foraminal stenosis. At C6/7, there was a disc osteophyte complex with mild thecal sac effacement and minimal left foraminal stenosis. At C7/T1, there was a broad-based disc osteophyte complex with mild thecal sac effacement and uncovertebral spurring with mild bilateral foraminal stenosis. The 7/31/14 treating physician progress report cited neck and low back pain with difficulty sleeping. Objective findings documented decreased range of motion, muscle spasms, and tenderness. The diagnosis was lumbar discogenic syndrome, neck sprain/strain, and cervical discogenic syndrome. The treating physician stated the injured worker needed an anterior cervical discectomy and fusion with plate fixation C3-4-5. The treatment plan included continued physical therapy, home exercise, Ultram, Motrin and Nexium. The injured worker was to remain off work. The 1/9/15 treating physician report cited neck and low back pain, and difficulty sleeping. Objective findings documented decreased range of motion, muscle spasms, and tenderness. The treatment plan included continued home exercise and medications,

Ambien, neurology consult, upper extremity EMG/nerve conduction study, and anterior cervical discectomy and fusion C3-5. The 2/23/15 utilization review non-certified the request for anterior cervical discectomy C3 to 5 modifier 80 with co-surgeon as there was limited documentation of subjective and objective findings correlating with imaging results, no signs or symptoms of myelopathy, no imaging evidence of cord signal abnormality, and no documentation of electrodiagnostic study findings to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy C3 to C5 modifier 80 with co surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 and Other Medical Treatment Guidelines Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

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. Evidence based medical guidelines support a co-surgeon for this procedure. Guideline criteria have been met. This injured worker presents with persistent neck pain. There is no documentation of a radicular pain component or abnormal neurologic findings. However, there is reported imaging evidence of cord compression and a disc osteophyte complex. The cord and nerve root(s) are at risk and plausibly compromised. A reasonable non-operative treatment protocol trial and failure of altered activities and medications has been submitted. Therefore, this request is medically necessary at this time