

Case Number:	CM15-0064597		
Date Assigned:	04/10/2015	Date of Injury:	08/09/2012
Decision Date:	07/02/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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 59-year-old male who sustained an industrial injury on 8/09/12, relative to a trip and fall. Injuries were reported to the neck, back, and both knee. Past surgical history was positive for right knee surgery in December 2012. Records indicated that conservative treatment had included medications, activity modification, physical therapy, acupuncture, extracorporeal shockwave therapy, lumbar epidural steroid injections, and home exercise program. The 1/8/15 initial treating physician report cited constant severe neck pain radiating to both shoulder, low back pain, and bilateral knee pain with numbness and weakness. Neurologic exam documented intact dermatomal sensation, motor strength, and deep tendon reflexes over the upper and lower extremities. Cervical spine exam documented symmetrical bicep and forearm girth, +3 paravertebral muscle tenderness and spasms, mild loss of cervical range of motion, and pain with cervical compression, shoulder depression and Soto-Hall tests. The diagnosis included cervical sprain/strain, cervical myofascitis, and rule-out cervical disc protrusion. The treatment plan included home exercise and MRIs of the cervical spine, lumbar spine, and both knees. He was temporarily very disabled. The 2/6/15 cervical spine MRI impression documented spondylotic changes, end plate sclerotic changes, and disc space narrowing. At C3/4, there was a 1-2 mm broad-based posterior disc protrusion without evidence of canal stenosis or neuroforaminal narrowing. At the C4/5, C5/6, and C6/7 levels, there were 2-3 mm broad-based posterior disc protrusions resulting in bilateral neuroforaminal narrowing with uncovertebral osteophyte formation. Bilateral exiting nerve root compromise was seen at each level from C4/5 to C6/7. At C7/T1, there was a 1-2 mm broad-based posterior disc protrusion resulting in right neuroforaminal narrowing and right exiting nerve root compromise. The 3/5/15 initial spinal surgeon report cited cervical and lumbar spine pain. Physical exam

documented restricted neck and trunk rotation, and cervical and lumbar paravertebral muscle tenderness. The injured worker ambulated with a limp and used a cane. The diagnosis was C3-C7 herniated nucleus pulposus and L1-S1 herniated nucleus pulposus. The treatment plan recommended continued home exercise program and requested authorization for C3-C7 fusion. The injured worker would also require lumbar surgery after neck recovery. The 3/23/15 utilization review non-certified the request for anterior and posterior C3-C7 fusion as there was no clinical exam or imaging findings that would warrant multilevel cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient anterior and posterior C3-C7 fusion x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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, Fusion, posterior 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. Guidelines state that posterior cervical fusion is under study. A posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. Guideline criteria have not been met. This injured worker presents with constant severe neck pain radiating to both shoulders. Clinical exam findings do not correlate with imaging evidence of multilevel cervical nerve root compression. There is no evidence of sensory or motor deficit, reflex change or positive EMG findings. There is no documentation of confirmatory selective nerve root blocks. Detailed evidence of 6 to 8 weeks 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.