

Case Number:	CM15-0081053		
Date Assigned:	05/01/2015	Date of Injury:	03/22/2008
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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:

This injured worker is a 50-year-old male who sustained an industrial injury on 3/22/08. Injury occurred when he fell off a ladder, sustaining a compression fracture to the heel. He also reported injury to the neck and left shoulder. He returned to work after several months. On 12/15/14, he felt a popping sensation in his neck while at work with progressively severe cervical pain radiating down the left arm into the thumb and index finger. The 3/4/15 cervical spine MRI impression documented degenerative changes of the cervical spine, worst at C5/6. At C5/6, there was mild flattening of the left hemicord likely secondary to a left paracentral disc osteophyte complex. There was no central canal stenosis or cord signal abnormality. There were hypertrophic changes of the uncovertebral joints resulting in mild right and moderate to severe left neuroforaminal narrowing. The 4/6/15 neurosurgical report cited severe neck pain radiating into the left arm with burning into the thumb and index finger when he turns his head to the right or extends his neck. The pain was to the point where he could not use his left arm. He was off work. He was taking anti-inflammatory medications but did not tolerate Norco very well. He was on some Percocet and tramadol. Medications helped a little bit. Physical exam documented mild left wrist extensor weakness and slightly diminished left brachioradialis reflex. Sensation was decreased over the thumb and index finger. Imaging showed spondylitic changes at C5/6 with severe narrowing on the left. The treatment plan recommended C5/6 anterior cervical discectomy and fusion. The 4/17/15 utilization review non-certified the request for left C5/6 anterior cervical discectomy and fusion as there was no clinical documentation that he had failed conservative treatment consisting of physical therapy or epidural steroid injection. The 4/22/15

appeal letter indicated that the patient had severe pain and numbness in his left arm, and had been off work since February. He had been treated with anti-inflammatory medications and rest without significant improvement. Pain had become progressively worse. There was clinical exam evidence of some neurologic deficits with weakness in his left wrist extensors and numbness and tingling in the left arm. MRI showed severe narrowing of the neural foramen at C4/5 consistent with symptoms and findings. The injured worker did not want to undergo an epidural steroid injection as he didn't think it would help and the neurosurgeon concurred. The 4/27/15 injured worker appeal letter indicated that he was losing more nerve feeling and strength in the hand. He was told physical therapy would not be beneficial and did not want spinal injections. He did not want to continue to use opiate medications. He reported that he had been seen by at least 4 physicians that agreed with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACDF C5-6 left side: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine Disorders Spinal Fusion.

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. Guideline criteria have been met. This patient presents with severe neck pain radiating into the left upper extremity to the hand. This is significant functional difficulty documented that precludes return to work and limits activities of daily living. Clinical exam findings are consistent with imaging evidence of neuroforaminal narrowing and potential neural compromise. Evidence of a reasonable non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.