

Case Number:	CM15-0086970		
Date Assigned:	05/11/2015	Date of Injury:	05/20/2011
Decision Date:	06/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/06/2015

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 49-year-old male who sustained an industrial injury on 5/20/11, relative to overhead painting. Past surgical history was positive for left carpal tunnel release in 2013 and right carpal tunnel release in 2014. He underwent anterior cervical discectomy and fusion at C5/6 and C6/7 on 5/14/13 with a partial corpectomy. Records indicated he did not experience benefit following surgery. The 4/29/14 MRI impression documented mild cervical spine degenerative changes with associated foraminal stenosis most pronounced at C6/7. At C6/7, there was narrowing, posterior disc bulging, bilateral facet and uncovertebral joint hypertrophy resulting in mild to moderate bilateral foraminal stenosis on the right and moderate foraminal stenosis on the left. The injured worker had a left C6/7 epidural steroid injection on 10/15/14. The 11/3/14 CT scan impression documented stable C5/6 and C6/7 interbody fixation surgical changes with straightening/mild reversal of cervical lordosis. There was stable multilevel multifactorial degenerative cervical spondyloarthropathy, uncovertebral and facet arthropathy, as well as marked central vertebral canal and left greater than right foraminal stenosis, most significantly involving the C6/7 and C6/7 levels. The 11/10/14 neurosurgical report cited left arm pain worse than neck pain. The C6/7 injection was helpful for a few days. Physical exam documented restricted range of motion with some pain on end-range, negative Spurling's and Lhermitte's signs, and left arm buzzing when he looked up. The treatment plan recommended posterior spinal decompression at C6/7 with possible instrumentation. The 3/11/15 treating physician report cited barely tolerable grade 5-7/10 left arm pain. He reported numbness and tingling in the left arm and hand most of the time. There was twisting and cramping noted in the upper

extremity muscles. There was hypersensitivity in the left elbow that was also beginning in the right. He was taking 5 Norco per day to get through school days, and less on other days. Pain medications allowed for improved function. A recent nerve root block had reproduced pain immediately with very minimal improvement over 10 days with no lasting improvement. Physical exam documented mild to moderate loss of cervical range of motion, absent left triceps reflex, 4+/5 left triceps and bilateral abductor pollicis brevis weakness, marked left arm atrophy and positive left Spurling's test. The treating physician report reported that two neurosurgeons had recommended surgery. Authorization was requested for left cervical C6/7 foraminotomy and laminectomy, Aspen cervical collar, and one -day length of stay. The 4/22/15 utilization review non-certified the request for left cervical C6/7 foraminotomy and laminectomy and associated surgical requests as there was much improvement noted on imaging since the prior surgery, no evidence of residual disc or root compression, and current weakness of the muscles supplied by the C6, C7, and T1 roots bilaterally was the basis of the previous 2013 surgery. The 4/29/15 electrodiagnostic study documented evidence of chronic or remote left C7 radiculopathy without evidence of acute denervation, and mild right median neuropathy at the wrist, consistent with carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical C6-7 foraminotomy, possible laminectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Discectomy, laminectomy, laminoplasty.

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.

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 surgical indications that 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 injured worker presents with function-limiting neck and left arm pain that persisted following a C5/6 and C6/7 anterior cervical discectomy and fusion approximately two years ago. Physical exam documented absent left triceps reflex, left triceps motor deficit, and positive Spurling's test. There was EMG evidence of chronic left C7 radiculopathy. Imaging documented marked central canal stenosis and moderate left foraminal stenosis at the C6/7 level. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Length of stay; in-pt x1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Discectomy, laminectomy, laminoplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median length of stay for laminectomy is 2 days and best practice target is 1 day. This request is consistent with guidelines. Therefore, this request is medically necessary.

DME purchase: Aspen cervical collar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Discectomy, laminectomy, laminoplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Cervical collar, post-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative indications exist. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. Therefore, this request is medically necessary.