

Case Number:	CM15-0089524		
Date Assigned:	05/13/2015	Date of Injury:	05/29/2002
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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 47-year-old female who sustained an industrial injury on 5/29/02. The mechanism of injury was not documented. Records indicated that conservative treatment had included medications, injections, TENS unit, chiropractic treatment, and physical therapy. The 3/13/15 cervical spine MRI impression documented a focal left paramedian annular protrusion at C5/6 and C6/7 resulting in mild impingement on the ventral surface of the cervical cord. There was mild neuroforaminal narrowing at C5/6 and C6/7 related to degenerative changes in the uncovertebral joints. The 3/24/15 treating physician report cited increased neck pain since her recent move. Pain medications were helping her deal with her pain presently. Objective findings documented cervical range of motion restricted in right rotation and limited by pain, negative Spurling's, and reduced motor strength in palmaris longus, elbow flexion, and shoulder abduction. The diagnosis included cervical facet arthropathy, cervical radiculopathy, cervicalgia, depressive disorder, headache, and thoracic dysfunction. The injured worker had failed all conservative treatment over a long period of time. The treatment plan included hydrocodone/APAP 7.5/325 mg for on-going pain and follow-up with the spine surgeon. The 3/27/15 spine surgeon report cited neck pain radiating into the left shoulder and upper extremity. Physical exam documented good bilateral upper extremity strength, and decreased sensation in the left upper extremity coming down to her index and middle fingers. Imaging showed C4/5, C5/6 and C6/7 degenerative disc disease, but foraminal stenosis was worse at C5/6 to the left. The diagnosis was cervicalgia and cervical radiculopathy. The treatment plan recommended anterior cervical discectomy and fusion at C5/6. The 4/16/15 utilization review non-certified the

request for anterior cervical discectomy and fusion at C5/6 and associate surgical requests as the clinical exam findings did not meet the inclusion criteria and there was no evidence of cervical spine instability. The 4/27/15 treating physician report appeal stated that the injured worker had radicular pain with sensory symptoms in a cervical distribution correlated with the C5/6 level. She had a positive Spurling's and numbness in that region. She has had years of pain and meets all necessary criteria for surgery. Appeal of the non-certification of C5/6 anterior cervical discectomy and fusion was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion (ACDF) at C5-C6: Overturned

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) 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 neck pain radiating into the left upper extremity with decreased sensation down the left arm to the thumb and index finger. Spurling's test was positive. Clinical exam findings, including motor deficit, correlated with imaging evidence of plausible C5/6 neural compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated service: Soft cervical collar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. Therefore, this request is medically necessary.

Associated service: One pre op medical clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.