

Case Number:	CM14-0161474		
Date Assigned:	10/06/2014	Date of Injury:	10/20/1994
Decision Date:	11/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgery, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old male who reported an injury on 10/20/1994 due to an unknown mechanism. The diagnoses were spinal stenosis in cervical region, neck pain, and brachial neuritis. Past treatments were physical therapy, medications, acupuncture, chiropractic sessions, and 3 Epidural Steroid Injections. Diagnostic studies were a CT of the cervical spine dated 06/09/2014 that revealed the vertebral bodies were of normal height and alignment. The canal measured 13 mm. At the C2-3, there was marked left sided facet arthropathy and severe left foraminal stenosis. At the C3-4, there was right sided facet arthropathy and moderate right foraminal stenosis. At the C4-5, there was left greater than right uncovertebral osteophyte formation resulting in a moderate to severe degree of left foraminal stenosis and mild right foraminal stenosis. At the C5-6, there was trace central protrusion and endplate osteophyte formation asymmetric towards the right resulting in severe right and mild left foraminal stenosis. At the C6-7, there was uncovertebral osteophyte formation resulting in severe bilateral foraminal stenosis and at the C7-T1, there was 5 mm of degenerative Anterolisthesis based on marked bilateral facet arthropathy. This resulted in severe bilateral foraminal stenosis. Per the physical examination dated 09/23/2014, the injured worker was status post 3 epidural steroid injections. Complaints included neck pain reported as worse. The injured worker was working full time with no restrictions. The examination revealed for the cervical spine there was soft tissue palpation on the right with tenderness of the paracervical and the trapezius. Soft tissue palpation on the left revealed tenderness of the paracervical and the trapezius. Range of motion elicited pain. Motor strength at C5 on the right abduction deltoid was 5/5; the C5 on the left revealed abduction deltoid was 5/5; the C6 on the right flexion for the biceps was 5/5, and the C6 on the left revealed flexion for the biceps to 4/5. At the C7 on the right revealed for extension triceps 5/5 and flexion wrist 5/5, and C7 on the left revealed flexion triceps 4/5 and flexion wrist 4/5.

The neurological examination for sensation on the right was normal. Sensation on the left at the C6 was revealed decreased sensation of the radial forearm, thumb, forefinger; C7 revealed decreased sensation of the middle finger; C8 (showed?) decreased sensation of the 4th and 5th digits, ulnar hand, and distal forearm; and C5 was normal. Special tests on the right revealed Spurling's test was negative. Special tests on the left revealed Spurling's test was positive. The Request for Authorization was submitted. EMG/NCS dated 01/10/2014 revealed no electrodiagnostic signs of any axonal motor root impingements, acute or chronic. No confounding entrapments of median, ulnar, or radial nerves per NCS/EMG nor strongly suggested on the pre-EMG neuro history/exam. The rationale and request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical left sided decompression and foraminotomy at C2-3, C3-4, C4-5 and C6-7:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for surgery -Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The decision for 1 cervical left sided decompression and foraminotomy at C2-3, C3-4, C4-5, and C6-7 is not medically necessary. The California ACOEM states referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than 1 month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term; and unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehabilitation specialist may help resolve symptoms. Based on extrapolating studies on low back pain, it also would be prudent to consider psychological evaluation of the patient prior to referral for surgery. Many patients with strong clinical findings of nerve root dysfunction due to disc herniation recover activity tolerance within 1 month, and there is no evidence that delaying surgery for this period worsens outcomes in patients without progressive neurological findings. Spontaneous improvement in MRI documented cervical disc pathology has been demonstrated with a high rate of resolution. Surgery increases the likelihood that patients will have to have future procedures with higher complication rates. A 12% reoperation rate was reported in 1 large series. Patients with comorbid conditions, such as cardiac or respiratory disease, diabetes, or mental

illness, may be poor candidates for surgery. Comorbidity can be judged and discussed carefully with the patient. Cervical nerve root decompression may be accomplished in 1 of 2 major ways. Some practitioners prefer cervical laminectomy and disc excision with nerve root decompression, especially for post posterolateral or lateral disc ruptures or foraminal osteophytes. However, anterior disc excision is performed more often, especially for central herniations or osteophyte. Possible complications of decompression include wound infections, discitis, recurrent disc material or graft slippage (requiring return to surgery either immediately or sub acutely), and cervical cord damage. Thoroughly discussing the risks, benefits, and realistic expectations of surgery with the patient is warranted. For instance, in 1 study, patients with radiation of pain to the arms and hands had better relief of pain with surgery than those with neck pain alone.

One pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One assisting surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS), Physician Fee Schedule Search: <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Twelve (12) post-op physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One to two (1-2) inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck & Upper Back, hospital Length of stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One intra operative monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Intraoperative neurophysiological monitoring (during surgery)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One neck brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) Cervical collar, post operative

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.