

Case Number:	CM13-0067930		
Date Assigned:	04/06/2015	Date of Injury:	04/07/2003
Decision Date:	05/12/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 female who sustained an industrial injury on 4/7/03. She has reported slipping and falling on hydraulic fluid with low back and neck complaints. The diagnoses have included persistent cervical radiculopathy, cervical stenosis and cubital tunnel. Treatment to date has included physical therapy, epidural steroid injection (ESI) and conservative treatment. The Magnetic Resonance Imaging (MRI) of the cervical spine was done on 9/24/13. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 10/15/13. The x-rays of the cervical spine were done on 9/24/13. Currently, as per the physician progress note dated 11/19/13, the injured worker complains of persistent cervical radiculopathy as well as cubital tunnel despite conservative treatment, physical therapy and epidural steroid injection (ESI). She complains of low back pain with neck pain that radiates down both arms and is worse on the left. The pain was rated 8/10 on pain scale. Physical exam revealed limited range of motion in the neck due to pain, decreased sensation and positive Tinel's over the cubital tunnel. The physician noted that despite treatments she has not improved with the symptoms. It was noted that the injured worker would like to proceed with surgical intervention of anterior cervical discectomy with fusion. Work status was permanent and stationary. The physician requested treatments included C4-5 and C5-6 anterior cervical discectomy and fusion with two-day inpatient stay, Associated service: Assistant surgeon and Associated service: medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 and C5-6 Anterior Cervical Discectomy and Fusion with a Two-Day Inpatient Stay:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fusion, anterior cervical. <http://www.odg-twc.com/index.html>.

Decision rationale: According to the Official Disability Guidelines, the criterion for a spinal fusion includes: (1) Acute traumatic spinal injury (fracture or dislocation) resulting in cervical spinal instability. (2) Osteomyelitis (bone infection) resulting in vertebral body destruction. (3) Primary or metastatic bone tumor resulting in fracture instability or spinal cord compression. (4) Cervical nerve root compression verified by diagnostic imaging and resulting in severe pain OR profound weakness of the extremities. (5) Spondylotic myelopathy based on clinical signs and/or symptoms and Diagnostic imaging demonstrating spinal cord compression. (6) Spondylotic radiculopathy or non-traumatic instability with All of the following criteria: (a) Significant symptoms that correlate with physical exam findings AND radiologist-interpreted imaging reports. (b) Persistent or progressive radicular pain or weakness secondary to nerve root compression or moderate to severe neck pain, despite 8 weeks conservative therapy with at least 2 of the following: Active pain management with pharmacotherapy that addresses neuropathic pain and other pain sources (e.g., an NSAID, muscle relaxant or tricyclic antidepressant); Medical management with oral steroids, facet or epidural injections; Physical therapy, documented participation in a formal, active physical therapy program as directed by a physiatrist or physical therapist, may include a home exercise program and activity modification, as appropriate. (c) Clinically significant function limitation, resulting in inability or significantly decreased ability to perform normal, daily activities of work or at-home duties. (d) Diagnostic imaging (i.e., MRI or CT myelogram) demonstrates cervical nerve root compression, or Diagnostic imaging by x-ray demonstrates Instability by flexion and extension x-rays; Sagittal plane translation >3mm; OR Sagittal plane translation >20% of vertebral body width; OR Relative sagittal plane angulation >11 degrees. (e) Not recommend repeat surgery at the same level. (f) Tobacco cessation: Because of the high risk of pseudoarthrosis, a smoker anticipating a spinal fusion should adhere to a tobacco-cessation program that results in abstinence from tobacco for at least six weeks prior to surgery. (g) Number of levels: When requesting authorization for cervical fusion of multiple levels, each level is subject to the criteria above. Fewer levels are preferred to limit strain on the unfused segments. If there is multi-level degeneration, prefer limiting to no more than three levels. With one level, there is approximately an 80% chance of benefit, for a two-level fusion it drops to around 60%, and for a three-level fusion to around 50%. But not fusing additional levels meeting the criteria, risks having to do future operations. (h) The decision on technique (e.g., autograft versus allograft, instrumentation) should be left to the surgeon. Although the patient developed a chronic neck pain, there is no documentation of spine instability, bone infection, cervical fracture, spondylolysis

and any other indication for cervical fusion. Therefore, the request for C4-5 and C5-6 anterior cervical discectomy and fusion with a two-day inpatient stay is not medically necessary.

Associated Service: Assistant Surgeon: Upheld

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 Fusion, anterior cervical. <http://www.odg-twc.com/index.html>.

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

Associated Service: Medical Clearance: Upheld

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 Fusion, anterior cervical. <http://www.odg-twc.com/index.html>.

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