

Case Number:	CM15-0014018		
Date Assigned:	02/02/2015	Date of Injury:	07/22/2013
Decision Date:	03/23/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/26/2015

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 57 year old male who sustained an industrial lifting injury to his back as a police officer on 7/22/13. Prior to this injury the injured worker underwent an ulnar nerve release and carpal tunnel release in 2011. The injured worker was diagnosed with cervical and lumbar disc disease. The injured worker underwent L2/3, L3/4, and L4/5 decompression on August 25, 2014. The 10/15/14 cervical spine MRI findings documented mild to moderate loss of disc height at C6/7 with left greater than right disc bulge/osteophyte complex contributing to moderate left foraminal stenosis with possible left C7 nerve root impingement and moderate right foraminal stenosis with possible right C7 nerve root impingement. The 11/21/14 electrodiagnostic studies documented evidence of left carpal tunnel syndrome and mild left ulnar mononeuropathy. There was no evidence of upper extremity radiculopathy or plexopathy. The 12/3/14 spine surgeon evaluation cited continued complaints of some right low back pain and numbness in to the left 4th and 5th fingers. Overall, he was much improved from his lumbar decompressive surgery. He reported some groin pain when he walked at a fast pace. Physical exam documented intact upper extremity strength, normal gait, and 1+ and symmetrical upper and lower extremity deep tendon reflexes. EMG documented left carpal tunnel and ulnar nerve compression. Cervical MRI showed a C6/7 collapsed disc with significant foraminal stenosis bilaterally, left greater than right. Pelvic x-rays were taken and showed possible right femoral head avascular necrosis. The treatment plan recommended surgical intervention for his degenerative disc at C6/7, as he previously had carpal tunnel release and ulnar nerve release surgery. His symptoms were completely compatible with the C6/7 level. Anterior cervical

discectomy and fusion at C6/7 was requested. Current treatment modalities consist of physical therapy, chiropractic therapy and medications. The treating physician requested authorization for one anterior cervical discectomy and fusion C6-7; one night hospital stay; one pre-operative medical clearance; 1 soft collar. On January 14, 2015 the Utilization Review denied certification for anterior cervical discectomy and fusion C6-7; one night hospital stay; one pre-operative medical clearance; 1 soft collar. The Utilization Review noted the surgical procedure was denied therefore the associated requests were not indicated. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines of the Upper Back and Neck and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Anterior Cervical Discectomy Fusion C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation 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 motor deficit or reflex changes 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 not been met. There is no current clinical exam findings of motor deficit or reflex changes that correlate with imaging findings of C7 nerve root impingement. There is complaint of 4th and 5th finger numbness consistent with electrodiagnostic evidence of carpal tunnel and ulnar nerve entrapment. There was no electrodiagnostic evidence of cervical radiculopathy. There is no detailed evidence that a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the cervical spine had failed. Therefore, this request is not medically necessary.

1 Night Stay @ [REDACTED]: 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), 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.

1 Pre-Op Medical Clearance with Internist: 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.

1 Soft Collar ([REDACTED] Solutions): Upheld

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

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.