

Case Number:	CM15-0017449		
Date Assigned:	02/05/2015	Date of Injury:	09/18/2009
Decision Date:	03/23/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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 59 year old male who sustained an industrial related injury on 9/18/09 relative to a motor vehicle accident. Past surgical history was positive for left shoulder arthroscopic subacromial decompression with distal clavicle resection on 3/18/13, left L5/S1 microdiscectomy on 11/21/13, and L5/S1 laminectomy, meniscectomy and foraminotomies, with posterolateral L5/S1 fusion on 11/17/14. The 3/10/14 cervical MRI impression documented broad based central disc protrusions at C5/6 and C6/7 effacing the thecal sac, with mild facet arthrosis from C3 through C7. The 1/7/15 treating physician report cited neck pain radiating to the left arm. Physical exam documented normal cervical and upper extremity range of motion, intact upper extremity motor function, and diminished sensation over the left C6 dermatome. The treating physician stated that the patient had failed conservative treatment including anti-inflammatories, physical therapy, and epidural injections for years. He reported the neurologic deficit is concordant with MRI findings. The treating physician requested authorization for C5-6 anterior cervical decompression and fusion. The patient was to start post-operative physical therapy for the lumbar spine. On 1/22/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no indication that the injured worker has had any recent non-operative treatment to the cervical spine. Based on the lack of conservative treatment and the presence of only a single positive clinical finding, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 anterior cervical decompression and fusion QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. 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 had received and failed at least a 6-8 week trial of conservative care. Guideline criteria have not been met. The patient presents with neck and left upper extremity pain with sensory loss in a C6 distribution. A reasonable and/or comprehensive non-operative treatment protocol trial (for the cervical spine) and failure has been submitted. Therefore, this request is medically necessary.