

Case Number:	CM15-0017766		
Date Assigned:	02/05/2015	Date of Injury:	03/23/2011
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/30/2015

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:

This 62 year old woman sustained an industrial injury on 3/23/11. Past surgical history was positive for bilateral carpal tunnel release, left ulnar nerve release, and right rotator cuff repair. The 5/20/14 cervical MRI documented multilevel degenerative disc disease, most notably at the C4/5 and C5/6 levels with at least moderate neuroforaminal stenosis. There was no significant cord compression. The 6/25/14 bilateral electrodiagnostic study was reported as normal with no evidence of cervical radiculopathy. The neurologic exam of 11/21/14 cited progressively worsening axial neck pain more bothersome than her radiating upper extremity pain. Bilateral upper extremity pain was greater on the right than left, in a C5 and C6 dermatomal distribution. Physical exam documented normal upper extremity muscle tone but for some bilateral thenar atrophy. Upper extremity muscle strength was normal but for right shoulder abduction 4+/5, and right elbow flexion 5-/5. Sensation was decreased over the right thumb and index fingers. Deep tendon reflexes were +1 and symmetrical over the upper and lower extremities. Spurling's was positive on the right. Cervical range of motion was mild to moderately limited. Carpal tunnel testing was negative. The diagnosis was C4/5 and C5/6 degenerative disc disease and neuroforaminal stenosis with radiculopathy. The patient had failed conservative treatment, including medications, activity modification, physical therapy, acupuncture, epidural steroid injections, and cervical facet rhizotomies. A C4/5 and C5/6 anterior cervical discectomy and fusion was recommended. On 1/27/2015, Utilization Review evaluated prescriptions for C4/5 and C5/6 anterior cervical discectomy and fusion and a two day inpatient stay that were submitted on 1/30/2015. The UR physician noted there was no evidence of motor weakness and

decreased reflexes at the nerve root levels being requested. The two day stay is not necessary as the surgical procedure is not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 C5-6 Anterior cervical discectomy and fusion: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 been met. The patient presents with persistent axial neck and radicular arm pain and symptoms in a C5 and C6 dermatomal pattern consistent with imaging. Clinical exam findings, including sensory and motor deficits, are consistent with imaging findings. 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 surgical service: 2 day in-patient: 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 Neck and Upper Back: Hospital length of stay (LOS)

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical discectomy and fusion is 1 day. There is no compelling reason to support the medical necessity of a length of stay beyond guideline recommendations relative to significant co-morbidities. Therefore, this request is not medically necessary.

