

Case Number:	CM15-0110034		
Date Assigned:	06/16/2015	Date of Injury:	03/17/2014
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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 56-year-old female who sustained an industrial injury on 3/17/14. Injury occurred while she was trying to move a heavy object. Past medical history was positive for diabetes mellitus. The 4/14/15 neurosurgical report cited grade 6/10 neck pain radiating into the left shoulder girdle with numbness in what appeared to be the left C7 dermatomal distribution. Symptoms were aggravated by movement and exercise, and improved with rest and lying pain. She had been treated with physical therapy and epidural injections without improvement. Physical exam documented 4/5 weakness of the left triceps muscle, diminished sensation over the left C7 dermatomal distribution, limited and painful cervical range of motion, and left paracervical muscle tenderness. Imaging in 2014 showed evidence of disc herniations at C5/6 and C6/7 in the left lateral region causing impingement of the adjacent neural elements. The diagnosis was cervical disc herniation with intractable neck pain and cervical radiculopathy. The treatment plan recommended repeat cervical spine MRI. The 4/27/15 cervical spine MRI impression documented mild left uncovertebral spurring at C4/5 with no significant stenosis. At C5/6, there was a 2-mm central disc protrusion, and 3 mm left paracentral disc protrusion just impinging upon the left anterior aspect of the spinal cord, mild to moderate left uncovertebral hypertrophic changes narrowing the left neural foramen. At C6/7, there was a 3 mm broad-based central disc protrusion and left paracentral disc osteophyte complex narrowing the left neural foramen. The 5/5/15 treating physician report cited persistent grade 6/10 neck pain radiating into the left arm in the C7 distribution with weakness and cervicogenic headaches. Authorization was requested for C5/6 and C6/7 anterior cervical discectomy and fusion with bank bone and plate, an inpatient stay for 2 days, and a Miami collar x 3 month rental. The

5/21/15 utilization review modified the request for C5/6 and C6/7 anterior cervical discectomy and fusion with bank bone and plate and certified C6/7 anterior cervical discectomy and fusion with bank bone and plate with a one day inpatient stay. The rationale stated that there were clinical findings consistent with C6/7 pathology on MRI but there were limited clinical findings correlated with the imaging findings at C5/6. The request for a Miami collar x 3 month rental was non-certified as a cervical collar is not recommended after a single level anterior cervical fusion with plate.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6, C6-7 anterior cervical discectomy and fusion with bank bone and plate (2 levels):
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Anterior cervical discectomy and fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings 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 been met. This injured worker presents with chronic intractable neck pain radiating down the left upper extremity in an apparent C7 distribution. Clinical exam findings are consistent with imaging evidence of neural impingement at C5/6 and C6/7. There is imaging evidence of left anterior cord impingement at C5/6. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The 5/12/15 utilization review partially certified this request at the C6/7 level. Surgical intervention is additionally supported at the C5/6 level based on imaging evidence of left anterior cord impingement and clinical findings. Therefore, this request is medically necessary.

Associated surgical service: Inpatient stay for 2 days: Overturned

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, Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. 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 an anterior cervical discectomy and fusion is 1 day. The 5/12/15 utilization review modified the request for 2 days length of stay, certifying 1 day for one level. There is a compelling reason to support the medical necessity of two overnights due to the plausible increased morbidity associated with a two level fusion. Therefore, this request is medically necessary.

Associated surgical service: Miami collar (3-month rental): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Cervical collar, post operative (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Cervical collar, post-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following 2-level anterior cervical discectomy and fusion. Therefore, this request is medically necessary.