

Case Number:	CM15-0111296		
Date Assigned:	06/17/2015	Date of Injury:	05/11/2013
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/09/2015

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 45-year-old female who sustained an industrial injury on 5/11/13, relative to repetitive work activities as a grocery checker. Past medical history was negative. Past surgical history was positive for left shoulder arthroscopy subacromial bursectomy and labral repair on 12/31/13. The 8/4/14 cervical spine MRI impression documented slight reversal of the cervical lordosis centered at C5/6 where there was moderate degenerative disc disease. At C5/6, there was a degenerative disc bulge and central to left paracentral disc protrusion with moderate effacement of the thecal sac to the left of midline, but no significant foraminal stenosis. There were signs of a possible left C5/6 root impingement but no compromise of the left C6 nerve root was seen. There was mild bilateral uncovertebral joint hypertrophy contributing to foraminal stenosis at the C5/6 level. At C6/7, there was a 2 mm posterior central disc bulge was mild compression of the thecal sac in the mid-line. Records from 11/11/14 through 1/8/15 documented reduced C5/6 dermatomal sensation and left wrist extensor weakness. The 3/23/15 initial orthopedic consultation cited grade 10/10 stabbing pain in her neck radiating down her right arm, and left shoulder pain. Neck symptoms worsen with twisting, typing, sleeping and reaching. Shoulder pain increased with lifting and typing. She reported weakness in her neck and right hand, grinding in her neck, and locking in her right thumb. Current medications included gabapentin. Physical exam documented symmetrical upper extremity girth and grip strength. Cervical spine exam documented no tenderness, and mild to moderate loss of range of motion with pain at end range. Neurologic exam documented negative Hoffman's sign, negative Babinski, symmetrical upper extremity reflexes, normal sensory exam, and 5/5 upper extremity

strength. The cervical MRI was reviewed and showed a moderately large left-sided disc herniation at C5/6 with foraminal encroachment. The diagnosis included moderate cervical disc herniation at C5/6 with C5 nerve root impingement, and mild left C6 radiculopathy per neurodiagnostic testing. The injured worker was working. She was a candidate for C5/6 fusion based on findings. A trial of chiropractic treatment was recommended and medications were prescribed. The 4/29/15 treating physician report cited on-going neck pain radiating to the left upper extremity and persistent left shoulder pain. She had continued pain despite completing 5 of 6 chiropractic treatments. She was taking Ultracet and gabapentin to manage symptoms. Physical exam documented decreased range of motion, and intact reflexes, strength, and sensation. The injured worker had failed to improve with epidural injections, physical therapy, chiropractic treatment, and medications. Authorization was requested for C5/6 anterior cervical discectomy and fusion. The 5/8/15 utilization review non-certified the request for C5/6 anterior cervical discectomy and fusion as the submitted records lacked the official MRI report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Discectomy and fusion at C5-C6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Fusion, Anterior Cervical.

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) provides 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. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. Guideline criteria have been met. This injured worker presents with persistent severe neck pain radiating to the left upper extremity. Clinical exam findings have been consistent with reported EMG evidence of a C6 radiculopathy and imaging evidence of plausible nerve root compression at C5/6. 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.