

Case Number:	CM15-0113244		
Date Assigned:	06/19/2015	Date of Injury:	03/26/2001
Decision Date:	07/21/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/11/2015

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 52-year-old male who sustained an industrial injury on 3/26/01, relative to overhead lifting. Past medical history was negative. Past surgical history was positive for a left ankle arthroscopy. Social history documented the injured worker was a non-smoker. The 4/24/15 cervical spine MRI impression documented mild cord edema in the cervical spinal cord at the C5/6 level. There was a 6 mm broad-based posterior and right paracentral C5/6 disc herniation-causing moderate narrowing of the central canal and neural foramina bilaterally. Findings indicated that the disc osteophyte complex caused compression of the anterior subarachnoid space, both C6 nerve roots, and the anterior surface of the spinal cord. There was a 4 mm broad-based C3/4 disc herniation causing mild central canal and neuroforaminal narrowing bilaterally. There was a 3 mm diffuse posterior and right paracentral C4/5 disc bulge causing mild central canal and neuroforaminal narrowing bilaterally. There was a 3 mm diffuse disc bulge at C6/7 causing mild central canal and bilateral neuroforaminal narrowing. There was a 2 mm C2/3 disc bulge without any significant central canal or neuroforaminal narrowing. There was mild generalized facet and uncovertebral arthropathy. The 5/11/15 treating physician report cited severe cervical pain radiating to the left arm and shoulder with constant numbness and tingling to the hand primarily into the middle finger, and to the thumb and little finger. The injured worker was dropping things on the left side. He reported temporary benefit with medications and prior cervical epidural steroid injections that has now worn off. Conservative treatment had included anti-inflammatory, narcotics and physical therapy. Physical exam documented 4+/5 left biceps weakness and limited range of motion. The diagnosis included C5/6 herniated nucleus pulposus

with C6 radiculopathy. Authorization was requested for an anterior cervical discectomy decompression of the spinal cord and nerve roots and instrumented fusion with spacers and cervical plate at C5-C6 noting failure of previous treatments and continued complaints that corresponded with imaging findings. The 5/23/15 utilization review modified the request for anterior cervical fusion surgery to include decompression and instrumented fusion with spacers and plate at C5/6 to one anterior cervical disc fusion to include decompression and instrumented fusion at C5/6. The request for plate fixation and spacer components due to lack of guideline support in single level fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

One anterior cervical disc fusion surgery to include decompression and instrumented with spacers and plate at C5-C6: 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), Neck and Upper Back (Acute and Chronic) Section.

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; Plate fixation, cervical spine surgery.

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. The ODG indicates that plate fixation is understudy in single-level and multilevel procedures, with most studies (although generally non-randomized) encouraging use in the latter. It remains unclear as to whether anterior plating provides benefit for many common spondylotic conditions of the cervical spine. In single-level, surgery there has been a failure to demonstrate an improvement in fusion rates with plating. Guideline criteria have been met for anterior cervical discectomy and fusion. This injured worker presents with severe cervical pain radiating to the upper extremity with numbness, tingling and weakness. Clinical exam findings are consistent with imaging evidence of spinal cord and C6 nerve root compression. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The 5/23/15 utilization review modified this request to anterior cervical discectomy and fusion at C5/6. There is no compelling rationale provided to support the medical necessity of anterior plate fixation and spacers for this single level fusion as an exception to guidelines. There is no radiographic or imaging evidence of spinal segmental instability. Therefore, this request is not medically necessary.