

Case Number:	CM15-0118137		
Date Assigned:	06/26/2015	Date of Injury:	01/08/2015
Decision Date:	07/27/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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 male who sustained an industrial injury on 1/8/15, relative to continuous trauma as a police detective. Past surgical history was positive for right wrist surgery in 2002, lumbar surgery in 2005, left shoulder arthroscopic rotator cuff repair in March 2010, and lumbar fusion on 5/14/14. The 2/10/15 cervical spine MRI documented disc degeneration at C5/6 and C6/7 with a 3 mm diffuse disc ridge that contributed to severe foraminal narrowing bilaterally and mild secondary central stenosis with no cord flattening or cord compression noted. At C7/T1, there was disc degeneration with 2 mm degenerative retrolisthesis and 2 to 3 mm diffuse disc ridge contributing to moderate bilateral foraminal narrowing without significant central stenosis. The 3/26/15 spine surgeon report indicated that injured worker was doing better relative to his lumbar spine but was unable to handle any more core therapy given his severe cervical radiculopathy. He had right sided cervical radiculopathy with triceps weakness, weakness with finger and hand coordination, and weakness in the finger extensors, right greater than left. MRI showed severe cervical stenosis, foraminal stenosis at C6/7 and C7/T1 on the right. Cervical symptoms have persisted for 4 months with a significant deficit. Surgical decompression was considered urgent due to his significant muscle atrophy and right arm weakness. Authorization was requested for C6/7 and C7/T1 anterior cervical discectomy and fusion with instrumentation and allograft, and pre-operative medical clearance with an internist. The 6/9/15 utilization review non-certified the request for C6/7 and C6/7 anterior cervical discectomy and fusion with instrumentation and allograft, and the associated pre-operative medical clearance with an internist, as there was no documentation that the injured worker had

failed 4 to 6 weeks of conservative treatment. The 6/25/15 spine surgeon letter stated that the injured worker was in significant pain with clear-cut cervical radiculopathy with weakness in his triceps and finger extensors and difficulty with hand coordination. Imaging showed significant disc bulge at C6/7 and C7/T1. Cervical fusion had been denied as there was no evidence that all conservative measures had been exhausted. Therefore, physical therapy was requested for 4 to 6 weeks to see if he can tolerate it given his significant pain and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 and C7-T1 anterior cervical discectomy and fusion with instrumentation, allograft:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Fusion, anterior cervical discectomy-laminectomy-laminoplasty, Surgery General Information and Ground Rules, California Official Medical Fee Schedule, pages 92-93.

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 persistent function-limiting neck pain radiating into right upper extremity with weakness, numbness and tingling. Clinical exam findings are consistent with imaging evidence of severe stenosis and plausible nerve root compression. Detailed evidence of at least 6 to 8 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-operative medical clearance with an internist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation College of Physicians-Medical Specialty Society, Pre-operative recommendations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.