

Case Number:	CM15-0121024		
Date Assigned:	07/08/2015	Date of Injury:	03/18/2001
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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 49-year-old female who sustained an industrial injury on 3/18/01, relative to a slip and fall. Past surgical history was positive for L3 through S1 posterior fusion, bilateral carpal tunnel releases, and intrathecal pump implantation. The 1/14/15 cervical spine x-rays documented straightening of cervical lordosis without instability, mild degenerative changes at the C5/6 level with intervertebral disc height loss and posterior disc osteophyte protrusion. The 2/12/15 cervical spine MRI impression documented multilevel degenerative changes. At C5/6, there was moderate spinal canal stenosis with severe left neuroforaminal narrowing and encroachment upon the left C6 nerve root, 1 mm broad-based posterior eccentric to the left, left uncovertebral hypertrophy, and anterior endplate spurs. She underwent right shoulder arthroscopic biceps tenodesis, debridement of anterior superior labral tears, and subacromial decompression on 3/10/15. The 5/20/15 spine surgeon report cited a chief complaint of grade 9/10 low back pain radiating to the hips, anterior and posterior thighs to the feet. She also reported neck pain radiating to both hands. She reported pain with neck movement, balance problems, dropping things from her hands, hands falling asleep; shaking her hands makes them better, and loss of bladder control due to urgency. Physical exam documented 4/5 left dorsiflexion and 4-/5 extensor hallucis longus weakness, decreased left L5 dermatomal distribution, and positive Hoffman's bilaterally. Imaging documented C5/6 degenerative disc disease with disc bulge and congenitally narrow canal with no radiographic instability. The CT myelogram of the lumbar spine showed L3 through S1 posterior fusion with severe spinal stenosis at L2/3. Lumbar radiographs were positive for L2/3 spondylolisthesis with instability.

The diagnosis was cervical myelopathy. Authorization was requested for C5/6 ACDF (anterior cervical discectomy and fusion) with instrumentation autograft/allograft. The 6/9/15 utilization review non-certified the request for C5/6 ACDF as there were no neurologic finding localized to the C5/6 level, findings suggested of carpal tunnel syndrome, and no evidence of conservative treatment for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 ACDF (anterior cervical discectomy & fusion) with Inst auto/allo QTY: 1.00:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 5th Edition, 2007 or current year, Fusion, anterior cervical.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 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 recommends 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 percent pain relief for the duration of the local anesthetic. Guideline criteria have not been met. This injured worker presents with primary low back and radicular pain with a history of L3-S1 fusion, current imaging evidence of L2/3 spondylolisthesis and instability, and findings consistent with L5 radiculopathy. She also had complaints of neck pain radiating to both hands with imaging evidence of left C6 nerve root encroachment. Hand signs/symptoms are consistent with bilateral carpal tunnel syndrome with requests for updated electrodiagnostic testing noted in the records. There is no focal neurologic deficit documented on clinical exam that correlates with C6 radiculopathy. There is no documentation of a positive selective nerve root block. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial directed to the cervical spine and failure has not been submitted. Therefore, this request is not medically necessary at this time.