

Case Number:	CM15-0124287		
Date Assigned:	07/08/2015	Date of Injury:	11/08/2008
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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:

This injured worker is a 56-year-old male who sustained an industrial injury on 11/08/08. Injury occurred while he was helping a co-worker disassemble some storage bins and felt a pop in his low back with acute onset of low back pain radiating to the right hip and thigh. Past medical history was positive for prostate cancer, hypertension, and stroke. Social history was positive for smoking. Past surgical history was positive for a C3/4 laminoplasty on 2/26/13. The 3/15/14 cervical spine MRI impression documented postsurgical changes involving the posterior elements at multiple levels so the cervical spine, however it was somewhat difficult to evaluate on the images obtained due to patient motion and patient body habitus. There was moderate spinal stenosis noted at the C3/4 and C4/5 levels, persistent posterolateral osteophytes at the C3/4, C4/5, C5/6, and C6/7 levels, and persistent degenerative facet changes in the upper cervical spine. The disc heights were normal with no disc bulges or protrusions at the C2/3 through C5/6 levels and mild loss of disc height with no disc bulges or protrusions at C6/7 and C7/T1. The 3/18/14 treating physician report cited continued complaints of neck and bilateral upper extremity pain. Cervical spine exam documented healed posterior surgical scar, no palpable spasms or tenderness, and decreased cervical range of motion. The upper extremity neurologic exam was within normal limits relative to sensation, motor strength, and deep tendon reflexes without long tract or pathologic reflexes. Imaging showed continued stenosis at C3/4 and to a lesser degree at C4/5. The diagnosis included apparent laminoplasty C3/4 on 2/26/13, and cervical spondylosis, foraminal stenosis, and persistent left upper extremity radicular pain. The treating physician report opined the injured worker had neck and upper extremity symptoms on the basis of continued cervical spinal stenosis despite the laminoplasty. The treatment plan recommended anterior cervical discectomy and fusion at C3/4 and C4/5. The progress reports from 11/4/14 through 4/27/15 documented subjective and objective findings unchanged from 3/15/14 and on-going requests for cervical spine surgery. The 6/10/15 treating physician report

cited continued neck and upper extremity pain. Physical exam was unchanged from 3/15/14. The treatment plan indicated that the injured worker was cleared medically for surgery. Authorization was requested for C3-5 anterior cervical fusion, assistant surgeon, and 2-day hospital stay. The 6/19/15 utilization review non-certified the C3-5 anterior cervical fusion and associated requests for assistant surgeon and 2 day hospital stay as there was no documentation of radiculopathy or myelopathy, no exam findings suggesting neurologic dysfunction, no evidence of post-operative instability or listhesis on plain films, and no evidence of a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-5 anterior cervical fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: Fusion, anterior cervical.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Patients with acute neck or upper back pain alone without findings of significant nerve root compromise rarely benefit from surgery. Guidelines state that it would be prudent to consider a psychological evaluation of the patient prior to referral for surgery. The Official Disability Guidelines recommend cervical fusion for cervical spinal instability, osteomyelitis resulting in vertebral body destruction, primary or metastatic bone tumor resulting in fracture instability or spinal cord compression, cervical nerve root compression verified by diagnostic imaging and resulting in severe pain or profound extremity weakness, spondylotic myelopathy, or spondylotic radiculopathy or non-traumatic instability. Because of the high risk of pseudoarthrosis, a smoker anticipating a spinal fusion should adhere to a tobacco-cessation program that results in abstinence from tobacco for at least six weeks prior to surgery. Guideline criteria have not been met. This injured worker presents with persistent neck and upper extremity pain. Clinical exam findings do not evidence nerve root compression. There is reported imaging evidence of moderate spinal stenosis at the C3/4 and C4/5 levels with no evidence of nerve root compression. There is no documentation of cervical segmental instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of a psychosocial screen. There is no current documentation of smoking cessation. Therefore, this request is not medically necessary at this time.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Two day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.