

Case Number:	CM15-0177593		
Date Assigned:	09/18/2015	Date of Injury:	04/01/2000
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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:

This injured worker is a 55-year-old male who sustained an industrial injury on 4/1/00, due to cumulative trauma. He underwent C5/6 fusion in 2003. The 6/18/15 treating physician report indicated that the injured worker came in earlier than scheduled secondary to a flare-up of grade 10/10 lower back pain radiating into the left lower extremity to the toes. He reported that his current medications worked well when not having a flare-up but he wanted something additional for the current increased intensity of pain. Additional complaints included neck pain radiating to the shoulders, elbows, thumbs, and fingers, shoulder pain radiating to the upper extremities, interscapular pain with a sensitive spot from T3-T8, and bilateral wrist and hand tingling increased with forearm grip. He had gastrointestinal upset due to medication use. He had dysphagia due to the screws pushing forward in the neck because they had been dislodged. He had a history of falls and loss of balance attributed to chronic low back and leg pain. Functional difficulty was noted in activities of daily living. Cervical spine exam documented slight to moderate paracervical muscle spasms, mild to moderate loss of range of motion, and positive bilateral Spurling's sign. The cervical spine MRI performed 3/5/14 showed prominent left uncovertebral hypertrophy at C4/5 encroaching upon the left neural foramina, and narrowing of the C6 interspace with spondylosis of adjacent margins. The diagnosis included cervical radiculopathy, status post C5/6 fusion in 2003 with significant residuals, and post-operative dysphagia due to cervical surgery, currently stable and improved. The treatment plan included gastrointestinal consult, cervical collar for use during flare-ups, shower chair, TENS unit, continued medications, and right knee surgery. Other recommendations indicated that a report had been obtained from the neurosurgery consultation on 5/21/14, indicating

recommendation of removal of hardware, exploration of cervical fusion and revision. Prior epidural steroid injection in 2008 and 2009 had only provided temporary relief. Authorization was requested for removal of instrumentation at C5/6, exploration of fusion at C4/5, C5/6, and C6/7, and anterior cervical discectomy and fusion with instrumentation from C4-C7. The 8/10/15 utilization review non-certified the request for cervical spine surgery as there was no evidence of recent conservative treatment trial and failure, and there were no updated imaging studies provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of instrumentation at C5-C6, exploration of fusion at C5-C6, C4-C5 and C6-C7 and anterior cervical discectomy and fusion with instrumentation from C4-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Fusion, anterior cervical.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Plate fixation, cervical spine surgery; 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 criteria for cervical discectomy. 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 Official Disability Guidelines state that pseudoarthrosis is recognized as an etiology of continued cervical pain and unsatisfactory outcome. Treatment options include a revision anterior approach vs. a posterior approach. Regardless of approach, there is a high rate of continued moderate to severe pain even after solid fusion is achieved. Guidelines generally do not recommend removal of hardware implanted for fixation, except in the care of broken hardware or persistent pain, after ruling out other causes of pain such as infection and non-union. Guideline criteria have not been met. This injured worker presents with neck pain radiating into arms to the hands. Functional difficulty is documented in activities of daily living. He is status post ACDF at the C5/6 level. There was evidence of positive Spurling's sign bilaterally. There are no clinical exam findings suggestive of a focal neurologic deficit at the requested surgical levels. There is no imaging evidence of failure fusion or hardware loosening or failure, or nerve root compromise at the requested surgical levels. Detailed evidence of a recent reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.