

Case Number:	CM15-0178933		
Date Assigned:	09/21/2015	Date of Injury:	06/05/2009
Decision Date:	10/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This injured worker is a 52-year-old female who sustained an industrial injury on 6/5/09, while caring for her son. Conservative treatment had included medications, activity modification and physical therapy. The 6/18/15 treating physician report documented on-going neck pain with intermittent radiating pain down both arms. Neurologic exam findings included +1 biceps reflexes, absent triceps reflexes and 5/5 upper and lower extremity strength. A cervical MRI was recommended. The 8/3/15 cervical spine MRI impression documented cervical spondylosis and straightening of the cervical spine. At C3/4, there was mild right and mild to moderate left foraminal stenosis due to disc osteophyte complex with mild to moderate compression of the exiting nerve roots. At C4/5, there was moderate bilateral foraminal stenosis due to disc osteophyte complex with compression of both exiting nerve roots. At C5/6, there was moderate to severe bilateral foraminal stenosis due to disc osteophyte complex causing moderate to severe compression of the exiting nerve roots. At C6/7, there was moderate spinal canal stenosis and moderate to severe foraminal stenosis due to disc osteophyte complex. There was moderate compression of the cervical cord and moderate to severe compression of the exiting nerve roots noted at the C6/7 level. The 8/6/15 treating physician report cited neck pain radiating into her bilateral upper extremity to the fingertips, left greater than right. Spurling's test was positive on the left. Cervical imaging showed multilevel cervical spondylosis, most impressive at C5/6 and C6/7. There was cord compression at C5/6 and severe left neuroforaminal narrowing, less severe on the right. At C5/6, she had severe foraminal stenosis, greater on the left. There was also foraminal stenosis at C3/4 and C4/5, but not as impressive as at C5/6 and C6/7. The injured

worker had intense neck pain with symptoms more consistent with a C6 or C7 radiculopathy, than a C5 radiculopathy. She had failed to respond to a long course of physical therapy. The treating physician did not feel that she would respond to an epidural steroid injection given the severe neuroforaminal narrowing at C6/7. The injured worker was noted to be a smoker and was advised to stop. She was determined to stop and would contact her family physician for a prescription of Chantix. Authorization was requested for inpatient C5/6 and C6/7 anterior cervical decompression and fusion using cadaver bone graft and plating. The 9/1/15 utilization review non-certified a request for inpatient C5/6 and C6/7 anterior cervical decompression and fusion using cadaver bone graft and plating as there was no clear clinical evidence of a lesion that would benefit from surgical intervention or evidence of instability that would require stabilization by fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient C5-C6 and C6-C7 anterior cervical decompression and fusion using cadaver bone graft and plating with hospital length of stay: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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: 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. 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 fully met. This injured worker presents with persistent neck pain radiating down the bilateral upper extremities consistent with C6 and C7 radiculopathy. Clinical exam findings have been reported consistent with imaging evidence of neural compression at the C5/6 and C6/7 levels. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, this injured worker is a current smoker with no evidence of smoking cessation consistent with guideline requirements. Therefore, this request is not medically necessary at this time.