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| Case Number: | CM15-0031631 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 10/21/2011 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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 50-year-old male who sustained an industrial injury on 12/31/14. Past surgical history was positive for a craniotomy as a child. Past medical history was positive for chronic liver disease and hepatitis C, seizure disorder, and syncope with possible small heart attack in 2011. The injured worker was reported a current some day smoker. The 12/9/14 initial orthopedic evaluation report cited 10/10 neck pain radiating into both upper extremities. Additional complaints were noted relative to the right shoulder and lumbar spine. He had minimal improvement despite anti-inflammatories, physical therapy, epidural injections, and acupuncture. Physical exam documented cervical paraspinal tenderness to palpation, normal range of motion, and negative Hoffman's and Romberg's signs. Motor function and deep tendon reflexes were intact. There was diminished sensation over the bilateral C6 dermatomes. The diagnosis was cervical and lumbar radiculopathy. The treatment plan included cervical, right shoulder and lumbar MRIs. MRI studies were changed to CT scans due to the history of metal in the injured worker's head. The 12/18/14 CT scan impression documented straightening of the cervical spine. There was reduced intervertebral disc height at C5/6 and C6/7. At C3/4 to C6/7, there were peridiscal osteophytes on both sides along with hypertrophy of the facet joints and uncinat processes causing bilateral neuroforaminal stenosis. The 1/20/15 orthopedic report cited significant neck pain radiating to both upper extremities. Physical exam was unchanged. The treatment plan requested C5-C7 anterior cervical discectomy and fusion since he had failed conservative treatment and has radicular findings concordant with his MRI findings. The 2/13/15

utilization review non-certified the request for C5-C7 anterior cervical discectomy and fusion as there was no convincing evidence of radiculopathy on clinical exam in the C5 or C6 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-7 Anterior Cervical Discectomy and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. 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% pain relief for the duration of the local anesthetic. Guideline criteria have not been met. This injured worker presents with neck pain radiating to both arms, with no radicular pattern documented. Clinical exam findings documented diminished C6 dermatomal sensation, but there was no evidence of a motor deficit, reflex change, positive Spurling's or EMG to confirm radiculopathy at the C5 and C6 levels. There was imaging evidence of degenerative disc disease at C5/6 and C6/7, but no documentation of nerve root impingement. There was a report that the injured worker had undergone epidural injections, but the location and response were not documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, relative to the cervical spine, and failure has been submitted. There was also no clarification of smoking status. Therefore, this request is not medically necessary at this time.