

Case Number:	CM15-0041266		
Date Assigned:	03/11/2015	Date of Injury:	08/04/2010
Decision Date:	05/28/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/04/2015

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 54-year-old female who sustained an industrial injury on 8/4/10. She has reported initial complaints of neck and bilateral arm injury due to repetitive work. The diagnoses have included cervical spondylosis without myelopathy and cervical intervertebral disc displacement without myelopathy. Treatment to date has included medications, activity modifications, and home exercise program (HEP), physical therapy, acupuncture and chiropractic care. The diagnostic testing that was performed included x-ray of the cervical spine, electromyography (EMG) /nerve conduction velocity studies (NCV) of the bilateral upper extremities, and Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Tramadol, Motrin, Lithium and Ambien. As per the physician progress note dated 8/6/14, the injured worker complains of neck pain and bilateral arm symptoms with numbness and tingling in both arms. She reports pain between the shoulder blades and gait imbalance with complaints that her head is wobbly. She reports headaches as well as progressively worsening symptoms, which were rated 9 or 10/10 on pain scale. Physical exam of the cervical spine revealed difficulty with tandem walking, tenderness of the cervical region, and positive Tinel's sign at the right wrist for numbness and tingling. The assessment findings revealed chronic axial neck pain, bilateral arm numbness and tingling, rule out cervical instability, rule out upper extremity peripheral neuropathy, and Magnetic Resonance Imaging (MRI) of the cervical spine with positive results. The physician requested treatments included anterior cervical discectomy and fusion C5-6, Medical clearance appointment (labs, chest x-ray,

Electrocardiogram (EKG), Eco treadmill, stress test, Carotid ultrasound, Holter monitor), One (1) day inpatient hospital stay and Assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper 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) provides 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 patient presents with persistent axial neck pain radiating into the bilateral shoulders with numbness and tingling into the right hand. Spurling's test was negative. Clinical exam findings were not suggestive of cord or nerve root compression. Difficulty was documented with tandem gait and balance, but there was negative Babinski and clonus testing. Electrodiagnostic upper extremity study documented findings consistent with bilateral carpal tunnel syndrome, but no evidence of cervical radiculopathy. Imaging documented mild central canal stenosis and moderate bilateral foraminal stenosis at C5/6, with bilateral C6 nerve compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Given the absence of motor deficit, reflex change, or positive EMG findings, this request does not meet guideline criteria. Therefore, this request is not medically necessary.

Associated Surgical Service: Medical Clearance Appointment (labs, EKG, Eco treadmill, stress test, and Holter monitor): 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.

Associated surgical service: Inpatient Hospital Stay (1-day): 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.

Associated Surgical Service: 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.

Associated Surgical Service: Carotid Ultrasound, Chest X-Ray: 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.