

Case Number:	CM15-0042965		
Date Assigned:	03/13/2015	Date of Injury:	02/27/2014
Decision Date:	05/27/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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 45-year-old female who sustained an industrial injury on 2/27/14, relative to a rear-end motor vehicle collision. Past surgical history was positive for C5/6 anterior cervical discectomy and fusion (ACDF) on 8/08/12 and L3/4 and L4/5 extreme lateral interbody fusion and minimally invasive posterior instrumentation L3-L5 on 6/29/11. The 8/1/14 cervical spine MRI impression documented a stable C5/6 anterior fusion. There was a large left paracentral disc protrusion at C6/7 which causes severe left neuroforaminal narrowing with no evidence to explain the reported right triceps weakness. At C4/5, there was a disc bulge causing effacement of the ventral CSF column and mild canal narrowing. Uncovertebral hypertrophy caused left mild neuroforaminal narrowing. The 10/13/14 cervical CT myelogram demonstrated ACDF at C5/6 with no evidence of significant canal stenosis or neuroforaminal narrowing at any cervical level. At C5/6, there was a posterior disc osteophyte complex resulting in mild effacement of the ventral CSF space with mild left neuroforaminal narrowing. At C4/5, there was no significant canal stenosis, minimal left neuroforaminal narrowing, and broad-based disc bulge resulting in mild effacement of the ventral CSF space. At C6/7, there was no evidence of significant canal stenosis and slight left neuroforaminal narrowing. The 1/2/15 CT scan-guided selective nerve root block documented complaints of neck pain radiating into the right arm. The impression documented previous C5/6 ACDF with linear lucency through the interbody fusion device and irregularity along the inferior end plate of C5 and superior endplate of C6, unchanged from 10/13/14. There was a large paracentral disc osteophyte complex at C6/7 resulting in at least mild canal stenosis. There was mild bilateral C5/6 foraminal narrowing. The 1/13/15

treating physician report cited grade 8/10 neck pain radiating into both arms, worse on the right, and mild radicular low back pain. Right arm pain was 8/10 and left arm pain was 5/10. She underwent a right C7 selective nerve root block without positive effect 11 days ago. Medications included amitriptyline, Flexeril, Naproxen, OxyContin, Soma, and Tramadol, and provided about 30% benefit. Epidural steroid injection provided about 20% benefit. Physical therapy and chiropractic had not been tried. Physical exam documented 4/5 weakness over the right biceps, triceps, flexor digitorum profundus, and abductor digiti minimi. There was decreased right C8 sensation. Deep tendon reflexes were +1 and symmetrical. The diagnosis was cervical spinal stenosis and facet arthropathy, with degenerative disc disease above and below the prior ACDF. Authorization was requested for revision ACDF C4-C7 with assistant surgeon and 3 day inpatient stay. The 1/13/15 x-rays scoliosis study documented multilevel degenerative disc disease of the cervical spine with multilevel disc space narrowing and anterior osteophytosis. The 1/30/15 right shoulder MRI documented small partial thickness supraspinatus tear and fraying with findings consistent with subacromial impingement. There was degenerative tearing of the superior and anterior labrum with degeneration of the posterior labrum. Tendinosis of the subscapularis, supraspinatus and intra-articular biceps tendons. Findings were consistent with potential adhesive capsulitis. The 2/3/15 utilization review non-certified the request for C4-C7 ACDF as radicular findings were non-specific, there was minimal to mild foraminal narrowing or canal stenosis on imaging, and there was no documentation of failure of additional conservative treatment. The 3/18/15 injured worker appeal letter stated that her daily pain levels were around a 12 and worsening. She had tried the epidurals and nerve blocks with no relief. Her "heavy" pain pills did not touch the pain. She was confident that surgery would relieve her pain. The 3/16/15 treating physician report note indicated that the injured worker needed referral for evaluation of internal derangement of the right shoulder as right shoulder pain continued to steadily worsen.

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 C4-7 (revision): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Discectomy-laminectomy-laminoplasty.

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 neck pain radiating into both arms, right greater than left. Clinical exam findings documented 4/5 motor deficits consistent with C6-C8 myotomal distribution, and sensory loss relative to C8. Imaging findings do not evidence significant neural compression or stenosis at the C4-C7 levels, particularly on the right side. A recent selective nerve root block at C7 was reported by the patient as having no effect. Co-morbidities include right shoulder impingement syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Patient expectations may be associated with potential non-physiologic pain expression or magnification. Psychosocial screening is not evidenced. Therefore, this request is not medically necessary.

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: 3 day inpatient 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.