

Case Number:	CM15-0048119		
Date Assigned:	03/20/2015	Date of Injury:	08/08/2000
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/13/2015

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 60-year-old male with a date of injury 8/8/00. The mechanism of injury was not documented. Past surgical history was positive for cervical laminectomy from C3-C7 in 2001. The 3/3/15 treating physician report indicated that the injured worker developed bilateral upper extremity numbness and pain about 2 years ago. He reported that the strength in both arms began to decline and he had difficulty with dexterity and dropping things. He was born with cerebral palsy on the right side with weakness but this had increased as well. He complained of fairly constant right lower extremity numbness and bilateral lower extremity shooting pain. He reported he lost his balance and sustained a couple of recent falls. He had a history of urinary incontinence since 2009. He was scheduled to undergo C2/3 laminectomy a week prior but surgery was cancelled due to his upper respiratory infection. Physical exam documented slow antalgic gait with right sided limp, large keloid scar on the back of his neck, and significantly reduced cervical range of motion. There was a minimal amount of extension, which increased bilateral upper extremity numbness and pain. Spurling's was positive bilaterally. There was generalized 4-/5 right upper extremity weakness, and 4/5 left upper extremity weakness. There was intrinsic weakness on the left greater than right. Deep tendon reflexes were brick in the left upper extremity and absent on the right. Straight leg raise was positive on the left. He had decreased sensation on the lateral aspect of the right leg, and generalized 4-/5 right lower extremity weakness. There were 4 beats of clonus bilaterally. X-rays showed the injured worker was status post C3-C7 laminectomy with advanced cervical spondylosis, almost ankyloses, throughout the cervical spine. There was C2/3 instability and grade 1 spondylolisthesis that

reduced on extension view. MRI showed spondylolisthesis and severe central canal stenosis at C2/3 with significant spinal cord compression. There was early signal change of the spinal cord at the C2/3 level, an area of myelomalacia posterior to the C5 vertebral body, possibly chronic. There was a large central disc herniation at T1/2 causing severe central canal stenosis with mild cord compression. The treating physician report opined that C2/3 laminectomy was not appropriate and that posterior cervical fusion with laminectomy at C2/3 was required to release the spinal cord compression and stabilize the spine. He also had a fairly large disc herniation at T1/2 that required surgical attention in the form of a laminectomy. A lumbar MRI was recommended to better predict the outcome of cervical fusion and laminectomy. The 3/12/15 utilization review non-certified the request for posterior spinal fusion C2/3 and laminectomy C2/3 and T1/2 with associated surgical services/items as there was no imaging provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSF C2-3 Laminectomy C2-3, CT-2,: Overturned

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): s 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Discectomy-laminectomy-laminoplasty; Fusion, posterior 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 criteria for cervical laminectomy. 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. Guidelines state that posterior cervical fusion is under study. A posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. Guideline criteria have been met. This patient presented with a 2-year history of bilateral upper extremity pain and numbness with difficulty in dexterity and dropping things. He also reported lower extremity numbness and shooting pain. Past medical history was positive for cerebral palsy with right sided weakness that had worsened. There is a positive Spurling's and global upper extremity weakness, left greater than right. Deep tendon reflexes are absent on the right upper extremity with decreased right lower extremity sensation and strength. There were 4 beats of clonus bilaterally. The treating physician reported imaging findings of C2/3 instability and T1/2

cord compression. A reasonable non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary at this time.

Associated Surgical Services: Pre-operative labs, EKG: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Although basic lab testing and EKG is typically supported for patients undergoing general anesthesia, the medical necessity of the non-specified lab testing requested could not be established. Therefore, this request is not medically necessary.

Associated Surgical Services: DME: cervical post-operative braces L0150 and L0180:
Overturned

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, Cervical collar, post-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery for pain control and stabilization. Therefore, this request is medically necessary.