

Case Number:	CM15-0061287		
Date Assigned:	04/07/2015	Date of Injury:	09/10/2014
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/31/2015

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 33-year-old female who sustained an industrial injury on 9/10/14. Injury occurred when she was placing labels on boxes and some fell, hitting her in the head and neck. The 10/30/14 cervical spine MRI impression documented disc desiccation from C2/3 to C5/6. There was a focal central disc herniation at C4/5 causing stenosis of the spinal canal with disc material abutting the anterior aspect of the spinal cord. There was broad-based disc protrusion at C5/6 causing spinal canal stenosis. Disc material deformed the anterior aspect of the spinal cord, and caused stenosis of the bilateral neural foramen with deviation of the left C6 exiting nerve roots. The 2/25/15 initial orthopedic evaluation cited complaints of neck and low back pain. Physical exam documented cervical paraspinal muscle tenderness, normal cervical range of motion, and positive Romberg's. Neurologic exam was within normal limits. Imaging documented C5/6 disc herniation. The treatment plan included C5-C6 anterior cervical discectomy and fusion (ACDF). The 3/5/15 initial pain management report cited neck pain with numbness and tingling right hand. She reported radiating/shooting pain, numbness or tingling, and weakness in the right hand. Pain was rated 5-7/10, better with medication. She had not undergone physical therapy or psychological counseling although she felt depressed. Chiropractic manipulation and acupuncture treatment provided no relief. Physical exam documented slight cervical rigidity, diffuse tenderness, and limited range of motion. Spurling's was positive over the right more than the left. There were sensory changes at C6, motor weakness in the right biceps, wrist and finger flexors, and symmetrical reflexes. The diagnosis was cervical musculoligamentous sprain/strain with C4/5 and C5/6 disc herniations and right

upper extremity radiculopathy. Signs/symptoms and physical exam findings were consistent with imaging evidence of C5/6 disc herniation. A cervical epidural steroid injection at C5/6 was recommended. The 3/16/15 utilization review non-certified the request for C5/6 ACDF and associated physical therapy as there was no documentation of radicular symptoms or clinical exam evidence of neurologic deficit. The 3/24/15 orthopedic re-exam and appeal cited continued neck and low back pain. Physical exam findings of normal range of motion, no tenderness to palpation, negative Hoffman and Romberg signs, 5/5 upper extremity strength, 2+ and symmetrical upper extremity deep tendon reflexes, and diminished bilateral C6 dermatomal sensation. The orthopedist stated that he disagreed with denial of the ACDF. There was an error in his initial report that failed to document C6 sensory loss. There was diminished sensation in the C6 dermatome bilaterally, and therefore she had neurologic involvement that was concordant with her MRI findings. Authorization for C5/6 ACDF was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 Anterior Cervical Discectomy and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180 and 183.

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 fully met. This injured worker presents with neck pain radiating to the right upper extremity with a positive Spurling's test on the right greater than left. There is clinical exam evidence of right C6 sensory loss and motor weakness but this does not correlate with imaging evidence of left C6 nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. A recent request for epidural steroid injection at C5/6 was noted with no evidence that this has been completed. There

are potential psychological issues noted, with no evidence of psychological clearance for surgery. Therefore, this request is not medically necessary.

Post-operative physical therapy 2 times a week for 8 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.