

Case Number:	CM15-0062318		
Date Assigned:	04/08/2015	Date of Injury:	08/04/2013
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/01/2015

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 55-year-old male who sustained an industrial injury on 8/14/13, relative to cumulative injury. Conservative treatment included anti-inflammatory medications, narcotics, epidural steroid injection, physical therapy and activity modification. Surgical history was positive for right shoulder arthroscopy with rotator cuff repair, subacromial decompression, distal clavicle resection, bursectomy, and manipulation under anesthesia on 12/4/13, and left knee anterior cruciate ligament reconstruction and partial medial meniscectomy on 2/10/14. The 5/13/13 cervical spine x-ray impression documented moderate degenerative changes at C4/5 and C5/6, with right C4/5 neuroforaminal narrowing related to the vertebral spurring. The 5/23/13 cervical spine MRI impression documented degenerative disc changes noted C4/5 through C6/7 levels, foraminal stenosis bilaterally at C4/5 and on the left at C5/6. There were asymmetric disc bulge or protrusion at the C5/6 and C6/7 resulting in central stenosis without cord impingement. The findings documented no abnormalities from C2 through C3/4. The 11/14/14 treating physician report cited persistent severe neck pain with associated cervicogenic headaches and radiation into the trapezius and periscapular regions then down into the hands. He reported decrease in fine motor skills in his hands and progressive instability of balance. Physical exam documented cervical range of motion as flexion 70, extension 30, and right/left rotation 70 degrees. Romberg was positive. Spurling's tests was positive more on the left than the right. There was 4+/5 bilateral wrist extensor weakness, slightly decreased left C6 dermatomal sensation, symmetrical upper extremity reflexes, and mildly unsteady gait. X-rays showed spondylosis and kyphosis extending from C3/4 to C6/7 with the most significant neuroforaminal

disease at the C5/6 level. The injured worker continued to be symptomatic from cervical spondylotic myelopathy despite optimal conservative treatment. Authorization was requested for anterior cervical discectomy and fusion C3-C6. The 3/11/15 utilization review modified the request for anterior cervical decompression and fusion at C3-6 and certified anterior cervical decompression and fusion at C4-6 with anterior instrumentation and application of intervertebral biomechanical device and associated requests for lab tests, chest x-ray, post-op physical therapy, and 1-day hospital stay. The rationale for this modification was based on no imaging abnormalities at the C3/4 level to meet the medical necessity of surgery at that level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical decompression and fusion at C3-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Cervical Fusion.

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 patient presents with persistent severe cervical pain radiating into the hands with consistent with radiculopathy and myelopathy. Signs/symptoms and clinical exam findings are consistent with cervical spondylotic myelopathy at C4/5 and C5/6. There is no imaging evidence of nerve root compression or significant abnormalities at C3/4. The 3/11/15 utilization review modified this request and allowed an anterior cervical discectomy and fusion at C4-6 consistent with imaging findings. There is no compelling rationale or additional information to support additional surgical certification. Therefore, this request is not medically necessary.