Case Number:	CM15-0064033		
Date Assigned:	04/10/2015	**Date of Injury:**	08/20/2000
Decision Date:	06/11/2015	**UR Denial Date:**	03/26/2015
Priority:	Standard	**Application Received:**	04/03/2015

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 62-year-old male who sustained an industrial injury on 8/20/00, relative to cumulative trauma. Past surgical history was positive for left L4/5 lumbar laminectomy with discectomy and decompression and partial L5 nerve root foraminotomy on 7/15/93. He underwent L1/2 laminectomy and L2/3 laminectomy/decompression on 5/5/14. The 7/18/14 cervical spine MRI impression documented mild increased signal within the cervical cord at the C5/6 level consistent with edema or myelomalacia. There was congenital central canal stenosis from C3-C6. There were multilevel degenerative changes of the cervical intervertebral discs and facets including posterior disc osteophyte complexes from C3/4 to C6/7 and a 2 mm posterior central disc extrusion at C6/7. There was severe C5/6 central canal stenosis, and severe C4/5 and C5/6 and moderate C6/7 bilateral neuroforaminal narrowing. The 8/12/14 treating physician report cited cervical pain with severe bilateral arm pain, left greater than right, and numbness. Raising his arms or shoulders immediately caused radiation of pain down the arms into the hands and all dermatomes. Physical exam documented sensation decreased over all dermatomes of the left arm, symmetrical deep tendon reflexes, and negative Spurling's. There was decreased left lower extremity strength including 4-/5 deltoid and biceps, and 4/5 wrist extensors and triceps. He was diagnosed with severe cervical stenosis with radiculopathy. Surgery was recommended to include anterior cervical discectomy with disc arthropathy. The 11/13/14 utilization review modified a surgical request for C4/5 and C5/6 anterior cervical discectomy and disc arthroplasty to C4/5 and C5/6 anterior cervical discectomy. The 1/29/15 cervical spine MRI impression showed moderate to severe degenerative disc disease from C3/4 to C5/6 with disc osteophyte

complexes in contact with the anterior margin of the cord. There was no cord impingement or signal abnormality. There was significant neuroforaminal narrowing at these levels. The 3/12/15 treating physician report cited neck and upper extremity pain. Imaging showed C4/5, C5/6, and C6/7 degenerative disc disease with large posterior annular bulging at C5/6 causing significant encroachment on the spinal cord and distortion of the cord. There was moderate central stenosis at C4/5 with central disc herniation at C3/4 causing very mild spinal stenosis. Authorization was requested anterior cervical fusion with instrumentation C4-5, C5-6; primary care physician clearance and standard pre-operative labs, electrocardiogram and chest X-ray. The 3/12/15 utilization review non-certified the request for anterior cervical discectomy and instrumentation C3/4 and C5/6 and associated surgical requests as there were no clear signs and symptoms of myelopathy or imaging evidence of cord involvement at any level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical fusion with instrumentation C4-5, C5-6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, neck and upper back procedure summary.

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. Guideline criteria have been met. This injured worker presents with significant neck and upper extremity pain with functional limitations. Clinical exam findings are consistent with imaging evidence of significant stenosis with plausible neural compression at C4/5 and C5/6. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Primary Care Physician clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Standard pre-operative labs, EKG, chest X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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 a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. 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. 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. Routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Although basic lab testing, chest x-ray, and EKG would be supported for this patient based on age and magnitude of surgical procedure, the medical necessity of a request for non-specific lab testing could not be established. Therefore, this request is not medically necessary.