

Case Number:	CM15-0066252		
Date Assigned:	04/14/2015	Date of Injury:	12/06/1999
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/07/2015

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 54-year-old male who sustained an industrial injury on 12/6/99. Injury was reported due to crawling under houses as a plumber. The 11/27/13 cervical spine MRI impression documented a moderate broad-based 12x4 mm left lateral disc protrusion at C6/7 with slight effacement of the thecal sac with slight compression of the left ventral cervical cord and slight posterior displacement of the descending left C8 nerve root. There was moderate soft tissue encroachment on the left lateral central canal and proximal portion of the left neural foramen. At C5/6, findings documented no disc bulge or protrusion, minimal uncovertebral spurring, normal facet joints, and patent central canal and neural foramen bilaterally. The primary treating physician reports have documented positive left Spurling's tests and on-going medication management. The 1/8/15 neurosurgical report cited severe neck and left arm pain, which had worsened over the past 5 years. He was having difficulty even moving the left arm. He was unable to work as a plumber anymore. Prior physical therapy had not been beneficial. Physical exam documented 4/5 left biceps and triceps weakness, decreased C6 and C7 dermatomal sensation, and diminished left biceps and triceps reflexes. Imaging showed a large disc herniation at C6/7 with settling at C5/6. The treatment plan recommends anterior cervical discectomy and fusion at C5/6 and C6/7, with surgery indicated at C5/6 due to quite a bit of collapse. The primary treating physician submitted a request for surgical authorization on 2/24/15. The 3/12/15 utilization review non-certified the request for cervical fusion at C5/6 and C6/7 as there was no evidence on the 2013 MRI of significant compressive pathology at C5/6 to support a 2-level procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 and C6-7 Cervical Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Fusion, Anterior Cervical.

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 injured worker presents with severe function-limiting neck and left upper extremity pain. Clinical exam findings correlate with clinical exam evidence of nerve root compression at C6/7. The most recent imaging does not demonstrate neurocompressive pathology at the C5/6 level and selective nerve root blocks have not been performed. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no imaging evidence to support the medical necessity of a 2-level fusion at this time. Therefore, this request is not medically necessary.

Length of Stay (2-days): 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.