

Case Number:	CM15-0068081		
Date Assigned:	04/15/2015	Date of Injury:	11/17/2011
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/10/2015

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 65-year-old female who sustained an industrial injury on 11/17/11, relative to a motor vehicle accident. Past medical history was positive for fibromyalgia, myofascial pain syndrome, and depression. Past surgical history was positive for left shoulder rotator cuff repair on 1/5/14. Records indicated the injured worker was allergic to contrast and unable to pursue epidural steroid injections. The 1/13/15 agreed medical examiner report cited worsening neck and left shoulder symptoms. Physical exam documented moderate cervical paraspinal spasms and decreased range of motion. There were hypesthesias over the ulnar innervation of the distal hand and fingers. Grip strength was 30/26/26 right and 10/4/4 left. Circumference of the upper arm was 11.5 right and 11 left, and forearm 9 right and 9.5 left. Deep tendon reflexes were +2 and symmetrical. The 10/11/13 cervical spine MRI showed disc osteophyte complex and facet arthropathy at C5/6 with moderate left and mild to moderate right foraminal stenosis. There were perineural cysts at C6/7, C7/T1, T1/2, and T2/3. The diagnosis included cervical sprain, left sided radiculopathy, and discogenic disc disease C5/6. The AME recommended anterior cervical fusion as requested by the orthopaedic surgeon. The 1/29/15 orthopaedic surgeon report cited continued neck and left arm pain. Conservative treatment included massage, chiropractic care, and medications. Physical exam documented subtly positive Hoffman's reflex on the right, negative on the left. There were no focal motor deficits in either upper extremity, although left shoulder abduction is limited to 80-90 degrees and there was tenderness over the acromioclavicular (AC) joint. Cervical MRI in 2013 revealed a disc osteophyte complex and arthropathy at C5/6 with moderate left and mild to moderate right

neuroforaminal stenosis. The diagnosis included history of fibromyalgia, myelopathic symptoms with relative stenosis at C5/6 and foraminal stenosis without EMG/nerve conduction study evidence of specific nerve root involvement, left shoulder adhesive capsulitis with complex regional pain syndrome type I suspected, and progressive rotator cuff disruption with suspicion of biceps subluxation. The orthopaedic surgeon continued to recommend cervical fusion at least at C5/6 and possible further work on her shoulder. Prior to consideration of cervical fusion, a follow-up MRI was recommended. The 4/2/15 utilization review non-certified the request for C5/6 anterior cervical discectomy and fusion as the injured worker did not have documented significant exam findings that correlated well with the MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical fusion C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder 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 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 persistent and function-limiting neck and left arm pain. She is status post rotator cuff repair on the left with residual adhesive capsulitis. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is reported imaging evidence of disc osteophyte complex and facet arthropathy at C5/6 with moderate left and mild to moderate right foraminal stenosis. However, there is no specific radicular pain or sensory pattern documented or evidence of a positive Spurling's test. Clinical exam findings do not document a focal motor deficit or reflex changes. EMG findings reportedly did not evidence specific nerve root involvement. Records indicate potential psychological issues with no evidence of a psychosocial screening and clearance for surgery. Therefore, this request is not medically necessary at this time.