

Case Number:	CM15-0072307		
Date Assigned:	04/22/2015	Date of Injury:	03/03/2011
Decision Date:	05/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/16/2015

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 56-year-old female who sustained an industrial injury on 3/3/11. Injury occurred when she was accidentally hit in the back by a co-worker during her usual work activities. Records indicated that a 2/14/14 cervical MRI showed small disc osteophyte complexes at C4/5 and C5/6, with a 1 mm disc at C3/4 with no foraminal stenosis. The 1/27/15 spine surgeon report cited continued cervical and left upper extremity pain, precluding return to work. Physical exam documented mild loss of range of motion and positive Spurling's sign. There was left wrist extension and biceps weakness noted. Sensation and deep tendon reflexes were intact with no long tract signs or pathologic reflexes. The diagnosis included cervical spondylosis, stenosis and upper extremity radiculopathy secondary to C5/6 degenerative change. The treatment plan recommended C5/6 anterior cervical discectomy and fusion. The 3/10/15 treating physician chart note cited neck pain radiating down the arm, and pain/spasms over the back of the left shoulder. She underwent cervical epidural steroid injections on 4/19/14 and 8/26/14 with initial improvement of 50% but 0% improvement with the second injection. Pain was grade 7/10 without medications, and 5/10 with medications. Functional difficulty was documented in activities of daily living. Cervical spine exam documented limited range of motion due to pain and spasms, tenderness to palpation over the left levator scapula and rhomboid, tenderness to palpation over the C6/7 spinous process and left paraspinal muscles, and positive Spurling's test. There was normal muscle bulk and tone with 5/5 strength throughout. There was decreased sensation over the C6 distribution. Deep tendon reflexes were +1 and symmetrical over the upper and lower extremities. The diagnosis was cervical intervertebral disc

displacement. The treatment plan noted the 12/16/14 surgeon report requesting authorization of C5/6 anterior cervical discectomy and fusion. The 3/25/15 utilization review non-certified the request for anterior cervical discectomy and fusion C5/6 as there was no clinical exam evidence or submitted imaging evidence to support cervical radiculopathy at C6/7, or documentation of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical anterior discectomy & fusion C5-C6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 patient presents with neck pain radiating down her left arm with functional limitations and positive Spurling's test. Clinical exams have documented motor deficit and sensory loss consistent with the C6 level. There is reasonable imaging available in the file that evidences nerve root compression at this level. A reasonable non-operative treatment protocol trial and failure of medications and altered activities has been submitted. Therefore, this request is medically necessary at this time.