

Case Number:	CM15-0079335		
Date Assigned:	04/30/2015	Date of Injury:	08/11/2010
Decision Date:	05/29/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/25/2015

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 48-year-old male who sustained an industrial injury on 8/11/10. Injury occurred while he was working 25 feet above the ground in a harness, lost his balance and fell backwards, the harness stopped his fall but swung him around and his head hit a forklift and briefly lost consciousness. The 3/9/15 treating physician report cited continued significant neck pain and spasms, with decreased range of motion and weakness. He reported pain with numbness and tingling radiating into both upper extremities. Pain interfered with lifting, pushing, pulling, and overhead activities. There were paravertebral muscle spasms, tenderness and guarding documented. There was significant limitation in cervical lateral rotation, flexion and extension. There was decreased sensation over the C5, C6, and C7 dermatomes with pain. There was decreased strength with elevation of both arms, and bilateral 4/5 biceps weakness. He reported a flare-up two weeks ago with attempting home exercise. Conservative treatment over the past year had included medications, therapy, and injections without sustained improvement. The treating physician report reported that the 6/12/14 cervical spine MRI revealed central canal narrowing at C5/6, biforaminal disc osteophyte complexes at C5/6 and C6/7 resulting in abutment of the exiting nerve roots bilaterally. There was decreased disc height and desiccation at C4/5 and C6/7, most significant at C6/7. There was moderate to severe bilateral foraminal narrowing and central canal stenosis at both levels. Authorization was requested for anterior cervical discectomy and fusion (ACDF) with instrumentation at C5/6 and C6/7. The 4/1/15 utilization review non-certified the request for ACDF with instrumentation at C5/6 and C6/7 as there was insufficient evidence of upper extremity radicular pain, the MRI did not correlate with

symptoms, and there was no dermatomal distribution of pain or numbness. The 4/10/15 treating physician report cited chronic cervical pain radiating into both upper extremities. Pain was reported grade 7/10 with medication. He was awaiting authorization of cervical fusion from C5-C7. Physical exam documented cervical paravertebral muscle tenderness and spasms, decreased cervical flexion and extension, and dysesthesia in the C6 and C7 dermatomal distributions bilaterally. The diagnosis included cervical radiculopathy. The treatment plan recommended continued medication and stated he was a candidate for the fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion (ACDF) with instrumentation at C5-C6 and C6-C7: 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 (ODG), Neck & Upper Back.

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; Plate fixation, cervical spine surgery.

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. The ODG recommend cervical plate fixation in multilevel procedures. Guideline criteria have been met. The injured worker presents with cervical pain radiating down the bilateral upper extremities in a C5-C7 dermatomal pattern. Clinical exam findings are consistent with reported imaging evidence of plausible C5/6 and C6/7 nerve root impingement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.