

Case Number:	CM15-0096644		
Date Assigned:	05/27/2015	Date of Injury:	01/23/2012
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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 57-year-old male who sustained an industrial injury on 1/23/12. The mechanism of injury was not documented. The 2/10/15 electrodiagnostic study demonstrated chronic C7 nerve root irritation bilaterally, and bilateral carpal tunnel syndrome. The 2/11/15 cervical spine MRI impression documented a 2 mm broad-based posterior disc bulge at C3/4 with hypertrophy of the right uncovertebral joint causing right foraminal narrowing. There were mild to moderate degenerative changes. There were no significant abnormalities noted at the remaining levels. The 3/17/15 orthopedic surgeon report cited progressively worsening constant grade 8/10 neck pain radiating into the upper extremities in a C4 distribution. Pain was aggravated by repetitive neck motion, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. Pain radiated into the upper extremity. He had exhausted conservative treatment including two cervical epidural steroid injections. Cervical spine exam documented paravertebral muscle tenderness and spasms, positive axial loading test, positive Spurling's maneuver, limited and painful range of motion, intact coordination and balance, sensory loss in the C5, C6, and C7 dermatomal patterns, and 3+/5 to 4-/5 strength in the C6 and C7 innervated muscles. Cervical spine x-rays revealed spondylosis from C3 through C7 with junctional kyphotic deformity and some listhesis confirming instability was present. The orthopedic surgeon stated that his review of the MRI films showed definite cord compression at C3/4, C5/6, and C6/7. The diagnosis included cervical discopathy, double crush syndrome, and bilateral carpal tunnel syndrome. The treatment plan recommended C3/4, C5 to C7, and possible C4/5 anterior cervical microdiscectomy with implantation of hardware (CPT codes included total

disc replacement) with realignment of junctional kyphotic deformity. The 4/30/15 utilization review non-certified the request for C3-4, C5-7, and possible C4-5 anterior cervical microdiscectomy with implantation of hardware with realignment of junction kyphosis as there was no imaging evidence to support surgical intervention at the C4/5, C5/6 or C6/7 levels, and clinical exam findings did not demonstrate radiculopathy stemming from the C3/4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C4, C5-C7 and possible C4-C5 anterior cervical microdiscectomy with implantation of hardware with realignment of junctional kyphotic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Anterior cervical discectomy & fusion, Discectomy-laminectomy-laminoplasty.

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; Disc prosthesis.

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. 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. The California MTUS are silent regarding artificial disc replacement. The Official Disability Guidelines indicate that disc prostheses are under study. The general indications for currently approved cervical-ADR devices (based on protocols of randomized-controlled trials) are for patients with intractable symptomatic single-level cervical DDD who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. Guideline criteria have not been met. This injured worker presents with chronic neck pain radiating down the upper extremities in a C4 distribution. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression at C3/4 and electrodiagnostic evidence of chronic C7 radiculopathy. However, there is no imaging or electrodiagnostic evidence of nerve root compression at the other surgical levels. The treating physician opined the injured worker has multilevel discopathy which does not meet criteria for the use of an artificial disc replacement. In addition, a disc replacement

adjacent to a fused spinal segment would represent a hybrid-type complex/construct of which there are no significant long-term large volume medical literature studies at large. Therefore, this request is not medically necessary.