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| Case Number: | CM15-0099699 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 05/20/2011 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 05/22/2015 |

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 49-year-old male who sustained an industrial injury on 5/20/11. Injury occurred relative to work duties, including overhead painting and lifting heavy pain cans. Past surgical history was positive for anterior cervical discectomy and fusion at C5/6 and C6/7 on 5/14/13, left carpal tunnel release on 12/12/13, and right carpal tunnel release in 2014. The 4/24/14 cervical spine MRI impression documented mild cervical spine change changes with associated foraminal stenosis, most pronounced at C6/7. At C6/7, there was mild disc space narrowing, posterior disc bulging with bilateral facet and uncovertebral joint hypertrophy resulting in mild to moderate right and moderate left foraminal stenosis. The 2/20/15 neuro-surgical report cited left arm pain radiating to both arms with weakness and paresthesia in the hands and fingers in a C7 dermatomal distribution, and continued left elbow and forearm pain. The injured worker had undergone a confirmatory selective nerve root block at left C6/7. Conservative treatment had included heat, physical therapy modalities/procedures, epidural steroid injection, and anti-inflammatory medications. Cervical spine exam documented full range of motion, 4/5 left biceps and triceps weakness, and 4/5 bilateral wrist flexor, wrist extensor and intrinsic muscle weakness. There was normal upper extremity deep tendon reflexes and sensation. There was tenderness over the left lateral epicondyle and ulnar nerve. Tinel's sign was positive at the elbows and wrists bilaterally. The diagnosis was cervical radiculopathy. The treatment plan recommends left C6/7 foraminotomy and possible laminectomy for residual stenosis and radiculopathy. The 4/29/15 electrodiagnostic report documented chronic or remote left C6/7 radiculopathy without evidence of acute denervation, and mild right median

neuropathy at the wrist, consistent with carpal tunnel syndrome. Authorization was requested for left posterior C6/7 foraminotomy and possible laminectomy, aspen cervical collar and an inpatient hospital stay for one day. The 5/20/15 utilization review non-certified the request for left posterior C5/6 as guideline criteria had not been met relative to severe debilitating symptoms with physiologic evidence of nerve root or spinal cord deformity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left posterior cervical C6-C7 foraminotomy, possible laminectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

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.

Decision rationale: The California MTUS guidelines state that surgical consideration for the cervical spine is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. The Official Disability Guidelines support decompression surgery as an option if there is a radiographically demonstrated abnormality to support clinical findings consistent with progression of myelopathy or focal motor deficit, or intractable radicular pain in the presence of documented clinical and radiographic findings. 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 been met. This injured worker presents with persistent function-limiting neck pain radiating down the left arm with numbness and weakness in a C7 distribution. Clinical exam findings correlate with imaging and EMG evidence of C7 radiculopathy and stenosis. A confirmatory left C6/7 selective nerve root block was documented. 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.

Aspen cervical collar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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, Cervical collar, post-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. Therefore, this request is medically necessary.

Inpatient stay for 1 day: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Hospital length of stay.

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: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for cervical decompression surgery is 1 day. Guideline criteria have been met for inpatient length of stay up to 4 days. Therefore, this request is medically necessary.