

Case Number:	CM15-0099890		
Date Assigned:	06/02/2015	Date of Injury:	11/16/1998
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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 male who sustained an industrial injury on 11/16/98. Injury occurred during an avalanche and bulldozer accident. The 3/23/15 cervical spine MRI impression documented multilevel spondylosis with no acquired spinal canal stenosis. There was bilateral uncovertebral and facet arthrosis at several levels resulting in foraminal stenosis, most severe on the left at C5/6. Findings documented no significant disc herniation at C4/5 and no spinal stenosis. There was bilateral uncovertebral spurring and facet hypertrophy resulted in mild foraminal stenosis. At C5/6, there was disc desiccation and disc height loss. A 2 mm broad-based disc protrusion was present with no spinal stenosis. There was prominent uncovertebral spurring that combined with facet hypertrophy to result in severe left and moderate right foraminal stenosis. At C6/7, there was a 2 mm broad-based disc protrusion with no spinal stenosis. Bilateral uncovertebral spurring and facet hypertrophy resulted in mild foraminal stenosis. The 3/23/15 cervical spine x-ray impression documented multilevel spondylosis with 2 mm retrolisthesis of C5 over C6 without abnormal motion. The 4/24/15 neurosurgical report cited neck pain radiating down the triceps to the medial forearm and all the fingers with numbness. He reported muscle cramps that cause his hands to seize up and stop working. He also reported numbness down both arms, left sided facial numbness, and bilateral hand weakness. Conservative treatment had included epidural steroid injection and physical therapy without benefit. He was taking gabapentin, Ultram, Mobic and Advil to keep his pain bearable. Physical exam documented decreased cervical range of motion with pain increased with left rotation, and 4/5 weakness in left shoulder abduction, elbow extension and grip strength. Right upper

extremity grip strength was decreased to 4+/5. Sensation and deep tendon reflexes were intact over the upper extremities. The diagnosis was cervical herniated nucleus pulposus and cervical spinal stenosis. The treatment plan noted the injured worker was scheduled for C4-7 anterior cervical discectomy and fusion on 6/1/15. The 5/4/15 utilization review certified the requests for C5/6 and C6/7 anterior cervical discectomy and fusion with associated pre-operative requests. The request for C4/5 anterior cervical discectomy and fusion with plate was non-certified based on the peer-to-peer discussion that indicated the injured worker did not need fusion at C4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 anterior cervical discectomy and fusion with plate, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180-181.

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) 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. Guideline criteria have not been met. This injured worker presents with neck pain radiating down the arm to the fingers. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression at C5/6 and C6/7. There is no imaging evidence of significant disc herniation, spinal stenosis, or nerve root compression at the C4/5. The 5/4/15 utilization review certified anterior cervical discectomy and fusion at C5/6 and C6/7 following peer-to-peer discussion. There is no compelling rationale to support the medical necessity of additional certification at this time. Therefore, this request is not medically necessary.