

Case Number:	CM14-0145107		
Date Assigned:	09/12/2014	Date of Injury:	09/08/2010
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old female staff counselor sustained an industrial injury on 9/8/10. Injury occurred when she was hit in the back of the head by a ball thrown by a child. Past surgical history was positive for an L4/5 fusion in June 2013. The 1/11/11 cervical MRI showed degenerative disc disease at C4/5, C5/6, and C6/7 with mild to moderate canal stenosis. Foraminal narrowing was moderate to severe at left C4/5, severe at C5/6 bilaterally, and mild to moderate at C6/7 bilaterally. The 2/20/14 PQME psychological examination recommended a course of individual psychotherapy and a psychiatric consultation for medication assessment. The 3/6/14 treating physician report cited a diagnosis of cervical degenerative disc disease and left shoulder rotator cuff tendonitis. The patient was doing okay. Pain was reported radiating down the left arm with finger numbness and tingling and hand weakness. Physical exam documented cervical and left trapezius, levator scapula, and supraspinatus pain. Spurling's produced right paravertebral pain. Anti-inflammatory and pain medications were prescribed. The 5/6/14 treating physician report cited recommendations for cervical epidural steroid injections but the patient was hesitant. Referral to a spinal surgeon was recommended. The 6/24/14 spine surgeon report cited neck and left arm radicular pain with numbness into the left hand fingers. Physical exam documented mild to moderate loss of cervical range of motion, trapezius tenderness, and normal Spurling's and Adson's tests. Neurologic exam documented decreased left C6/7 sensation, normal strength, and normal reflexes. X-rays were obtained and showed multilevel spondylosis, significant at C5/6 and C6/7. There were good disc heights at C2/3 and C3/4. C4/5 was collapsed into kyphosis with a large anterior spur. C5/6 and C6/7 were collapsed with posterior and anterior spurs. There was very little extension through the mid-cervical area. The diagnosis was cervical spondylosis and stenosis at C4/5, C5/6, and C6/7. The patient had received conservative care. The treatment plan recommended anterior cervical discectomy and fusion C4/5, C5/6, and C6/7 with cage, allograft

and plate. The 8/7/14 utilization review denied the cervical surgery and associated requests as there was no clinical evidence of radiculopathy and no clear evidence of neural compromise or instability at the requested level. A history of significant psychological problems was noted with no current status documented. The 8/25/14 electrodiagnostic study report documented prior or chronic right C6 radiculopathy, with no electrodiagnostic evidence of left sided cervical radiculopathy. There was mild median neuropathy at the left wrist across the carpal tunnel.

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 C4-5 And C5-6 And C6-7 With Cage Allograft and Plate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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) recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes 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. Psychological treatment was recommended for this patient in February 2014 with no evidence that this care has been completed or surgical clearance obtained. There is no clinical exam evidence of motor deficit or reflex changes. EMG findings revealed evidence of a prior or chronic right C6 radiculopathy but there was no evidence of radiculopathy on the left consistent with symptoms. Electrodiagnostic findings were consistent with left carpal tunnel syndrome. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

1 Day Hospital Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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: As the surgical request is not supported, this request is not medically necessary.

Aspen Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As the surgical request is not supported, this request is not medically necessary.

EKG, Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38; ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: As the surgical request is not supported, this request is not medically necessary.