

Case Number:	CM14-0146252		
Date Assigned:	09/12/2014	Date of Injury:	12/31/1983
Decision Date:	10/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/05/2014

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 Orthopedic 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 55-year-old female executive assistant sustained an industrial injury on 12/31/83 relative to cumulative trauma. The patient was diagnosed and treated for cervical radiculitis, cervicgia, and degeneration of the intervertebral disc. The 11/21/07 upper extremity electrodiagnostic study showed mild ulnar neuropathy at the elbow with no evidence of cervical radiculopathy. The 12/23/13 cervical spine MRI impression documented a 4 to 5 mm C4/5 disc protrusion with moderate canal and right lateral recess and neuroforaminal stenosis. There was a 3 to 4 mm central and right intraforaminal disc protrusion at C4/5 causing mild central and right stenosis. There was a 3 mm disc protrusion and mild left neuroforaminal stenosis at C6/7. Records indicated that aquatic therapy was prescribed for thoracolumbar, bilateral sacroiliac joint, bilateral shoulder, left knee, and bilateral plantar fasciitis pain. The 2/25/14 treating physician report requested a cervical surgical consultation. The patient had completed 7 sessions of aquatic therapy with partial benefit. The patient had previously had epidural steroid injections with 2 to 3 months relief. Physical exam findings documented bilateral muscle spasms with tenderness to palpation and positive Spurling's and shoulder depression tests bilaterally. Cervical range of motion was decreased in all planes with bilateral upper extremity radicular symptoms on flexion. The patient was interested in surgical intervention. The 8/16/14 treating physician report cited continued neck pain radiating to the upper extremities. Physical exam documented cervical paraspinal tenderness, spasms, and guarding. Spurling's was positive on the left. Sensation was decreased over the left C5 and C6 dermatomes. Upper extremity deep tendon reflexes were symmetrical but mildly decreased. The diagnosis was C4/5 and C5/6 stenosis with left greater than right radiculopathy. The patient required surgery as she continued to be symptomatic and had failed a long course of non-surgical treatment. The 9/3/14 utilization review denied the

request for anterior cervical discectomy and fusion and associated services/items as there was no recent attempts at conservative treatment noted in the file.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Anterior cervical Discectomy and Fusion at C4-C5 and C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indication for Surgery- Discectomy/Laminectomy

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) 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 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. The patient presents with positive Spurling's test and decreased C5 and C6 dermatomal sensation. There is no evidence of motor deficit and reflexes are noted as symmetrical and decreased globally over the upper extremities. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the cervical spine had been tried and failed. The patient has a history of psychiatric treatment with no current evidence of psychological screening for surgery. Therefore, this request is not medically necessary.

1 Standard preoperative clearance: 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.

12 Sessions of postoperative Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Postoperative , 1 [REDACTED] 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.

1 [REDACTED] 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.