MAXIMUS Federal Services

Case Number:	CM14-0153445		
Date Assigned:	09/23/2014	Date of Injury:	03/21/2012
Decision Date:	11/05/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 Spine Surgeon and is licensed to practice in Texas. 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:

The injured worker is a 53-year-old male who reported an injury on 03/21/2012 due to lifting a toilet and carrying it to the client's house. He reported that the symptoms were made worse by daily activities. Diagnoses were cervical stenosis at the C5-6 and C6-7, and cervical radiculopathy. EMG and NCS revealed on 06/20/2013 (date is obscured on this electrodiagnostic study) right carpal tunnel syndrome/severe affecting both sensory components, right ulnar neuropathy across the elbow. MRI dated 07/31/2012 of the cervical spine, revealed at the C5-6 level another broad disc protrusion abuts the spinal cord; uncovertebral arthropathy minimally encroaches upon the left neural foramen; the C6-7, a broad disc bulge was present; and uncovertebral arthropathy moderately narrowed the right neural foramen. Physical examination on 09/02/2014 revealed complaints of pain rated a 7/10 to 9/10 of the Visual Analog Scale (VAS). It was reported that the injured worker had a few injections with only a few days relief. It was also reported that there was associated numbness of the left arm/hands which was getting better. The numbness was improving with the rest of the left arm, but the pain was increased in the neck. It was also reported that the injured worker had recently begun having muscle spasms in the neck. He used a splint for diffuse pain in the right forearm. Examination revealed sensation normal to light touch in all 4 extremities. Deep tendon reflexes 1+ on the left in biceps and triceps, 2+ on the left in biceps and 1+ in triceps. Examination of the head and neck, spine and all 4 extremities revealed inspection and percussion within normal limits without tenderness, obvious masses, or swelling. Range of motion, was within normal limits, without pain or crepitus. Good range of motion of shoulders. Neck extension and turning left produces pain in left shoulder blade area, diffuse forearm pain in right arm with any motion. Stability was normal, without subluxation or unusual laxity. Muscle strength and tone, normal bulk, without spasticity, flaccidity, or atrophy. Decreased sensation of ring and pinky fingers bilaterally,

thumb and index finger on the right. Trace weakness in left wrist extensors. Treatment plan was for C4-6 and C6-7 anterior cervical decompression and fusion. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 & C6-7 anterior cervical decompression and fusion- inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The decision for C5-6 & C6-7 anterior cervical decompression and fusion-inpatient is not medically necessary. The California ACOEM states surgical considerations should be considered in the first 3 months of onset of potentially work related acute neck and upper symptoms consider surgery only if the following are detected: severe spinal vertebral pathology; severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy; a disc herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, shoulder and arm symptoms and nerve root dysfunction; the presence of a herniated cervical or upper thoracic disc on an imaging study; however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniation that apparently does not cause symptoms. Referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month or with extreme progression of symptoms, 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, and unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Thoroughly discussing the risks, benefits, and realistic expectations of surgery with the patient is warranted. For instance, in 1 study, patients with radiation of pain to the arm(s) and hand(s) had better relief of pain with surgery than those with neck pain alone. Presurgical screening should include consideration of psychological evaluation. Medications for the injured worker were Lipitor and NovoLog. The physical examination submitted for review dated 09/02/2014 revealed range of motion, within normal limits, without pain or crepitus. It was not reported what the range of motion was for and it is unclear if this was range of motion for the shoulder or the cervical spine. The examination of the cervical spine was lacking objective information. The injured worker reported that the numbness was improving

with the rest of the left arm. The injured worker did report that the pain was increasing in his neck. (The copy quality of the MRI of the cervical spine was poor). It was reported that the injured worker had decreased sensation
of the ring and pinky fingers bilaterally, thumb and index finger on the right with trace weakness in the left wrist extensors. The injured worker did not report severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction. It was not reported that the injured worker had disabling shoulder or arm symptoms. There was a lack of objective clinical findings upon the physical examination of the cervical spine for the injured worker. There were no significant factors provided to justify a C5-6 and C6-7 anterior cervical decompression and fusion. Therefore, this request is not medically necessary.

Repeat MRI of cervical spine, non-contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-179.

Decision rationale: The decision for repeat MRI of cervical spine, non-contrast is medically necessary. The California ACOEM Guidelines state criteria for ordering imaging studies are: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. The injured worker did have decreased sensation of the ring and pinky fingers bilaterally, thumb and index finger on the right with trace weakness in left wrist extensors. Deep tendon reflexes on the left were slightly decreased. The clinical information submitted for review does provide evidence to justify a repeat MRI of the cervical spine, non-contrast. Therefore, this request is medically necessary.