MAXIMUS Federal Services

Case Number:	CM13-0026317		
Date Assigned:	11/22/2013	Date of Injury:	05/30/2012
Decision Date:	02/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 claimant is a 45-year-old gentleman who was injured on May 30, 2012 sustaining an injury to the neck. Recent clinical assessment for review includes an August 13, 2013 correspondence with [redacted] indicating the claimant's MRI scan was reviewed showing severe right neural foraminal narrowing at C5-6 with moderate right and severe left sided neural foraminal narrowing at C6-7. Given the claimant's failed conservative care, he states it is in the claimant's best interests to proceed with a disc replacement procedure at C5-6 as well as adjacent segmental fusion at C6-7. Formal physical examination findings were not documented on that date. Prior assessment of [redacted] of July 29, 2013 indicated diminished C6 and 7 dermatomal sensation on the right and left C7 sensory changes on the left. There is now weakness on the left with triceps at 4+/5 and right wrist extension at 4+/5. It states the claimant has failed conservative care. Based on review of the recent MRI scan as stated from August 13, 2013, two level procedure consisting of an anterior cervical discectomy and fusion with arthroplasty at C5-6 and fusion at C6-7 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 anterior cervical discectomy and arthroplasty: Upheld

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

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 Procedures Chapter

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines are silent regarding the role of arthroplasty to the cervical spine however they do address discectomy and fusion. When looking at Official Disability Guideline criteria, while disc prosthetic surgery has promising findings, it is still only approved for specific clinical indications in the neck. One of which would be disease limited to one cervical level, citing adjacent segmental degeneration and disease would be a contraindication to its use at present. Given the requested two level procedure for which the claimant clearly has findings at both levels, the acute need of an artificial disc replacement or arthroplasty procedure at the C5-6 level would not be indicated. The request for a C5-C6 anterior cervical discectomy and arthroplasty is not medically necessary or appropriate.

C6-C7 anterior cervical discectomy and fusion: 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): 180.

Decision rationale: The Physician Reviewer's decision rationale: Based on the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, the role of C6-7 anterior cervical discectomy and fusion would not be indicated. The criteria in this case has not supported the need of the surgical procedure as the surgical request for the C5-6 level for arthroplasty has not been established. This would negate the need for a fusion procedure at the C6-7 level in question. The request for C6-C7 anterior cervical discectomy and fusion is not medically necessary or appropriate.

one-day inpatient hospital stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.

H&P with EKG and 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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.

assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.