

Case Number:	CM13-0037699		
Date Assigned:	12/18/2013	Date of Injury:	12/07/2011
Decision Date:	02/13/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 Surgeon, has a subspecialty in Fellowship Training for Spine 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 patient is a 56-year-old female who reported injury on 12/07/2011. The mechanism of injury was stated to be the patient was picking up a box of files to move them back to outside from the floor. The patient was noted to have an MRI of the cervical spine which revealed central herniation at the C5-6 that effaces the ventral subarachnoid space and no neurocompression. Per the documentation, there was an addendum to the MRI which revealed the patient had a central disc herniation at C6-7 with a central disc extrusion effacing the ventral subarachnoid space at C6-7. The patient was noted to have a positive right Spurling's maneuver and midline tenderness to palpation of the cervical spine. The diagnoses were noted to include C6-7 herniated disc, and cervical radiculopathy right C7. The request was made for a bilateral C6-7 anterior cervical discectomy and fusion, a two day hospital stay, an assistant surgeon and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Bilateral C 6-7 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): 179-181.

Decision rationale: ACOEM Guidelines recommend surgical intervention for patients with persistent, severe, and disabling shoulder or arm symptoms and activity limitation or extreme progression of symptoms as well as clear clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair as well as unresolved radicular symptoms after receiving conservative treatment and it indicates a cervical nerve root decompression may be accomplished with a cervical laminectomy and disc excision with nerve root decompression. However, specific criteria were not provided. As such, secondary guidelines were sought. Official Disability Guidelines recommend indications for surgery include the patient must have evidence of radicular pain and severe symptoms in a cervical distribution that correlate with the involved cervical level or the presence of a positive Spurling's test. Additionally, there should be evidence of a motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, the patient should have an abnormal imaging study to show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex, or EMG changes, confirmatory selective nerve root blocks may be submitted if these block correlate with the imaging study and there must be evidence that the patient has received and failed at least a 6 to 8 week trial of conservative care. Official Disability Guidelines recommend an anterior cervical fusion as an option in combination with anterior cervical discectomy. The clinical documentation submitted for review indicated the patient had motor examination of the right upper extremity which revealed 4/5 strength in the triceps. The patient was noted to have AP and lateral views of the cervical spine which demonstrated overall neutral alignment and there was noted to be moderate spondylosis and degenerative changes at C6-7. Per the physician's note, it was indicated that the patient had a central disc extrusion effacing the ventral subarachnoid space at C6-7 and images demonstrating C6-7 central disc herniation. The patient was noted to have a positive Spurling's test. However, while it was noted the MRI had an addendum with a change in the level of findings, but, there was a lack of an official copy of the addendum to support the comment that the MRI had been addendum. Given the above, the request for prospective bilateral C6-7 anterior cervical discectomy and fusion is not medically necessary.

Prospective 2 day Inpatient stay at [REDACTED]: 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 & Upper Back Chapter, Hospital Length of Stay

Decision rationale: Official Disability Guidelines recommend the best target practice of 1 day for cervical fusion discectomy, and the request for a 2 day inpatient stay would be excessive. There is a lack of documentation indicating the necessity for a 2 day inpatient stay. Additionally, request #1 for the surgical procedure was not medically necessary, as such, request #2 for the prospective 2 day inpatient stay at [REDACTED] is not medically necessary.

Prospective 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians as Assistants in Surgery, 2011

Decision rationale: Per the Physicians as Assistants in Surgery, an assistant surgeon is always needed for the procedure requested. However, as the procedure was not medically necessary, the request for prospective assistant surgeon is not medically necessary.

Prospective Acupuncture 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines recommend Acupuncture as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review indicated the prospective request for acupuncture was postsurgical. There is a lack of documentation indicating the necessity as the requested procedure was not medically necessary. Given the above, the request for prospective acupuncture 2x4 is not medically necessary.