MAXIMUS Federal Services

Case Number:	CM13-0046890		
Date Assigned:	12/27/2013	Date of Injury:	06/21/2011
Decision Date:	03/10/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 47-year-old female who reported an injury on 06/21/2011 due to a motor vehicle accident, which reportedly caused injury to the cervical spine. The patient underwent an electrodiagnostic study in 08/2013 that revealed left active C6 denervation. The patient underwent a cervical MRI (magnetic resonance imaging) in 11/2012 that noted the patient had disc desiccation from the C4-7 with spondylosis without evidence of significant central cord abnormalities. The patient's treatment history included extensive conservative therapy to include medications, physical therapy, and H-wave therapy. The patient's most recent clinical evaluation revealed that the patient had increased pain in the cervical spine that radiated into the upper extremities. An evaluation of the cervical spine revealed positive tenderness to palpation in the bilateral trapezius musculature and painful range of motion. There was no evidence of motor strength deficits or disturbed sensation or reflex deficits. The patient had a negative head compression test. The patient's diagnoses included cervical strain, cervical spondylosis, moderate bilateral foraminal stenosis, and degenerative disc disease. Anterior cervical discectomy at the C4-5, C5-6, and C6-7 with fusion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. 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): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, anterior cervical.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) does recommend the decompression of nerve roots when there is clinical, imaging, and/or electrodiagnostic evidence of radiculopathy. Additionally, Official Disability Guidelines (ODG) recommend a discectomy for patients with evidence of radicular pain and sensory symptoms in the cervical distribution. The clinical documentation submitted for review does not provide any evidence of motor deficits or reflex changes that would support the need for a discectomy. There is documentation that the patient has had an electrodiagnostic study that did support radiculopathy in the C6 dermatome. However, there is no documentation of physical findings to support the need for a discectomy at the C4-5 level. As such, the requested Anterior Cervical Discectomy C4-5 is not medically necessary or appropriate.

Anterior Cervical Discectomy C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. 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): 180-184. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, anterior cervical

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) does recommend the decompression of nerve roots when there is clinical, imaging, and/or electrodiagnostic evidence of radiculopathy. Additionally, Official Disability Guidelines (ODG) recommend a discectomy for patients with evidence of radicular pain and sensory symptoms in the cervical distribution. The clinical documentation did include an EMG (electromyography) that supported that the patient had C6 radiculopathy. However, the clinical documentation failed to provide any evidence that an attempt has been made to identify the specific pain generator to be the C5-6 or C6-7 level. Therefore, the need for an Anterior Cervical Discectomy C5-C6 and C6-C7 is not medically necessary or appropriate

Anterior Cervical Fusion C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Fusion, anterior cervical.

Decision rationale: The requested Anterior Cervical Fusion C4-5 is not medically necessary or appropriate. Official Disability Guidelines recommend fusion surgery for patients with instability of the spine and have evidence of radiculopathy. The clinical documentation submitted for review fails to provide any physical examination findings or electrodiagnostic studies that support the patient has radiculopathy at the C4-5 level. Therefore, an anterior cervical fusion would not be supported. As such, the requested Anterior Cervical Fusion C4-5 is not medically necessary or appropriate.

Anterior Cervical Fusion C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Fusion, anterior cervical.

Decision rationale: The Official Disability Guidelines (ODG) recommend fusion surgery after all other pain generators have been identified. The clinical documentation submitted for review does indicate that the patient had an electrodiagnostic study that supported the patient had C6 radiculopathy. However, the clinical documentation does not include any attempts to identify whether the patient's pain generator is at the C5-6 or C6-7 level. Therefore, cervical fusion would not be supported. As such, the requested Anterior Cervical Fusion C5-6 and C6-7 is not medically necessary or appropriate.

Anterior Cervical Cage Allograft Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Fusion, anterior cervical.

Decision rationale: The Official Disability Guidelines (ODG) support fusion surgery for patients with instability and evidence of radiculopathy. The clinical documentation submitted for review fails to support the need for cervical fusion. Therefore, the requested anterior cervical cage allograft instrumentation would also not be supported. As such, the requested Anterior Cervical Cage Allograft Instrumentation is not medically necessary or appropriate.

Pre-op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guidelines.gov/content.aspx?id=38289.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-Operative Lab Testing.

Decision rationale: The Official Disability Guidelines (ODG) do recommend preoperative testing for patients undergoing surgical hardware implantation. However, the requested fusion surgery is not supported by the documentation. Therefore, the need for preoperative medical clearance would also not be supported. As such, the requested Pre-op Medical Clearnace is not medically necessary or appropriate.

Post-op DME: Vista Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Chapter, Cervical collar, post-operative (fusion).

Decision rationale: The Official Disability Guidelines (ODG) would support the need for a cervical collar for a patient who has had multilevel spinal fusion. However, the clinical documentation submitted for review does not support the need for fusion surgery at this time. Therefore, the need for postoperative management is not supported. As such, the requested Postop DME: Vista Cervical Collar is not medically necessary or appropriate