MAXIMUS Federal Services

Case Number:	CM13-0065526		
Date Assigned:	01/03/2014	Date of Injury:	12/21/2005
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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:

The injured worker is a 52-year-old male who reported an injury on 12/21/2005. The mechanism of injury was not provided. The documentation of 10/28/2013 revealed the injured worker had continued symptomatology in the cervical spine, chronic headaches, tension between the shoulder blades, and migraines. The injured worker had bowel greater than bladder dysfunction with lack of control. The injured worker was having progressive neurologic deficits and had been battling symptoms for a prolonged period of time. The injured worker was diagnosed with multilevel spondylosis, cervical spondylosis, and double crush syndrome. The notes indicated the injured worker had failed all conservative measures including activity modification, physical therapy, and pain management. The symptomatology in the upper extremities and lumbar spine was not changed significantly. The physical examination of the cervical spine revealed there is tenderness at the cervical paravertebral muscles. There was pain with terminal motion. The seated nerve root test was positive and there was dysesthesia at C6 and C7 dermatomes. The examination of the upper extremities revealed there was pain with terminal flexion and dysesthesia of the digits with a weak grip. The documentation indicated the injured worker had an MRI of the cervical spine on 10/11/2013 which revealed multilevel degenerative disc disease with osteophyte complex and uncovertebral spondylosis at C5-6 resulting in moderate central spinal stenosis with deformity of the spinal cord. At C6-7, there was mild central spinal stenosis. There was multilevel neural foraminal narrowing present that was severe at C6-7 and was moderate on the right at C5-6 and bilaterally at C3-4. It was indicated the injured worker had electrodiagnostic testing on 10/23/2013 which revealed the injured worker had moderate bilateral carpal tunnel syndrome and underlying peripheral polyneuropathy. The discussion/treatment plan included the injured worker had significant pathology in the cervical spine from C3 to C7 most pronounced at the level of C5-7 and C4-5. The injured worker continued to have persistent

symptomatology with progressive neurologic deficit. The injured worker had lower extremity weakness. The injured worker had hyperreflexia in the upper extremities with positive Hoffmann's reflex. The physician opined due to the cord compression that is present and the significant pathology, recommendation for surgical intervention is made with respect to the cervical spine in the form of a C4 to C7, possible C3-4, anterior cervical microdiscectomy with implantation of hardware, realignment of deformity, and reduction of listhesis that may be present.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7, POSSIBLE C3-C4 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF HARDWARE: 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 ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ACOEM Guidelines indicate that cervical nerve root decompression is appropriate for patients with persistent, severe, and disabling shoulder or arm symptoms with activity limitations for more than 1 month or with extreme progression of symptoms and there should be clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the long-term and short-term and unresolved radicular symptoms after receiving conservative treatment. As ACOEM do not address fusion, secondary guidelines were sought. Official Disability Guidelines indicate that anterior cervical fusion is recommended as an option in combination with an anterior cervical discectomy for approved indications although current evidence is conflicting about the benefit of fusion in general. The clinical documentation indicated the injured worker had 2 studies including an MRI and electrodiagnostic studies. However, the official readings were not provided for review. The clinical documentation indicated the injured worker had dysesthesia at C6 and C7. There was bowel and bladder dysfunction. The clinical documentation submitted for review failed to indicate the injured worker had objective findings at all requested levels. There could be no corroboration of the injured worker's findings with diagnostic studies as the MRI and EMG were not supplied for review. There was evidence per the stated EMG result of carpal tunnel syndrome. The clinical documentation submitted for review indicated the injured worker had failed conservative measures including activity modification, physical therapy, and pain management. There was lack of documentation indicating the duration for the physical therapy and activity modification. Given the above, the request for C4-7, possible C3-C4 anterior cervical discectomy with implantation of hardware is not medically necessary.

INPATIENT HOSPITAL STAY X 2-3 DAYS: 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.

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.

CERVICAL COLLAR: MINI COLLAR #1 AND [redacted] J COLLAR WITH THORACIC EXTENSION #1: 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.

BONE STIMULATOR: 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.

MEDICAL CLEARANCE: 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.