MAXIMUS Federal Services

Case Number:	CM13-0065945		
Date Assigned:	05/07/2014	Date of Injury:	11/08/1997
Decision Date:	07/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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, has a subspecialty in Spine Fellowship 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:

This is a male with an 11/8/97 date of injury. He works as a plumber and is employed by [redacted], and the exact mechanism of injury has not been described. On 10/31/13, the patient presented with chronic neck, back, shoulder, and knee pain. Objective: alert and oriented. The patient has fully detoxed off of all opioid medication and is stable on Gabapentin. On 11/14/13, the patient followed up with the spine surgeon. He was noted to have followed thru with the detox program as recommended. The ENT consult was requested since the patient previously had an ACDF and they would like to re-evaluate the vocal cords prior to surgery. He is noted to have worsening severe neck pain, and severe upper extremity pain despite conservative care. He also has upper extremity weakness and imbalance. The patient has been unable to return to work despite conservative care. On 5/15/14, the patient presented with persistent severe neck pain with symptoms of myelopathy. A MRI of the cervical spine on 10/29/12 showed post-operative changes of the cervical spine with solid fusion at C5-6 and C6-7. At the post-operative level C5-6 and C6-7, there is no recurrent disease and no spinal stenosis. There is abnormal signal in the cervical spinal cord 4 mm at the level of C4-5 and 3 mm at the level of C7-T1 with associated minimal cord atrophy suspicious for cord gliosis likely secondary to degenerative-type central spinal stenosis. A CT of the cervical spine on 3/7/13 showed that the C4-5 disc is severely narrowed and demonstrates 4.1 mm calcified osteophyte complex. The cord is compressed measuring 7.6 mm. Diagnostic impression: chronic pain, cervical disc displacement and myelopathy. A UR decision dated 11/21/13 denied the request for ENT pre-operative consult at UCSF to evaluate the vocal cords because surgery was not recommended for certification. There is no rationale provided as to why the surgery was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENT PRE-OP CONSULT TO EVALUATE VOCAL CORDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: 9792.23. Clinical Topics: ACOEM Chapter 7 - Independent Medical Examinations and Consultations Page(s): 127, 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

C4-5, C7-T1 DISC REPLACEMENT, POSSIBLE FUSION C1, T1 WITH NEUROMONITORING, 4 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, 2nd Edition (2004), Chapter 8 Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: California MTUS does not specifically address cervical disc replacement. ODG states that cervical Disc Prosthesis are under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine. While comparative studies with anterior cervical fusion yield similar results, the expectation of a decrease in adjacent segment disease development in long-term studies remains in question. There is an additional problem with the long-term implications of development of heterotopic ossification. Additional studies are required to allow for a 'recommended' status. Since guidelines do not fully support cervical disc replacement at this time, this request cannot be substantiated. Therefore, this request for C4-5, C7-T1 disc replacement with possible fusion at C1, T1 with neuromonitoring, 4 days, was not medically necessary.