

Case Number:	CM14-0004170		
Date Assigned:	06/11/2014	Date of Injury:	02/05/2002
Decision Date:	07/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 Surgery and is licensed to practice in Texas and 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 49-year-old female who reported injury on 02/05/2002 due to cumulative trauma. The injured worker's history includes an anterior cervical discectomy and fusion at the levels of C5-C7 on 10/11/2010. Prior treatments include physical therapy, medications, TENS, and epidural steroid injections on 06/11/2013, 08/06/2013, and 11/01/2013. Prior studies include x-rays and an MRI of the cervical spine. The MRI of the cervical spine on 05/13/2013 revealed at the level of C4-5 the disc was desiccated and reveals diffuse bulge. It indented the anterior subarachnoid space and caused mild narrowing of the central canal and neural foramina bilaterally. The bulge measures approximately 3 mm in size. At the level of C5-C7, the disc was postoperative. The injured worker has mild facet and ankle vertebral arthropathy at C4 through C7. The injured worker underwent a thoracic x-ray on 10/02/2013 which showed fractured C7 screws on the lateral view with partial retropulsion anteriorly. The clinical note dated 11/07/2013 revealed the injured worker was having difficulty swallowing and symptoms had been worsening over the past few weeks. The injured worker reported weakness in her upper extremities. The impression was the injured worker had symptoms of C4 through C5 radiculopathy with weakness in her upper extremities with x-ray findings of retropulsion of the screw at C7. The treatment plan included a C4-5 anterior cervical discectomy and fusion for the treatment of cervical stenosis with removal of the hardware due to retropulsion of the C7 fractured screw. The documentation of 12/16/2013 revealed the injured worker was complaining of bilateral upper extremity weakness of the deltoids worse on the left than right. The injured worker had difficulty walking with worsening balance. The injured worker had significant difficulty with swallowing. The physical examination revealed the injured worker had neck pain upon extension greater than 20 degrees and bilateral deltoid strength at 4-/5. There was diminished perception of light touch in the left lateral deltoid and 3+ reflexes at both knees. The

diagnoses were cervical stenosis, cervical radiculopathy, hardware failure of the cervical spine with dysphagia, and worsening myelopathy. The treatment plan included a resubmission of a request for decompression and fusion at C4-5 with removal of hardware and revision of instrumentation at C5-C7 to address dysphagia as well as cervical stenosis with myelopathy and radiculopathy. The documentation of 02/21/2014 revealed the injured worker was intact neurologically and motor and sensation was normal in all 4 upper extremities with deep tendon reflexes 2/2 all present. The injured worker had no evidence of myelopathy. The impression was both screws at the C7 level had failed and backed out and the injured worker required surgical intervention as soon as possible. The injured worker underwent an EMG/NCV on 05/20/2011 which revealed relatively prolonged median nerve motor distal latency and borderline prolongation of the median nerve sensory distal latency from the mid palm to wrist along with mild prolonged motor latency across the elbow by ulnar nerve stimulation above and below the elbow. These findings were consistent with borderline or minimal carpal tunnel syndrome bilaterally worse on the right and borderline cubital tunnel syndrome bilaterally at the elbow. There is no definite underlying peripheral neuropathy and there is no coexisting cervical motor radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 ANTERIOR CERVICAL DISCECTOMY FUSION C5-7 EXPLORE FUSION AND REMOVAL OF HARDWARE, 1 DAY INPATIENT LOS, AND ASSISTANT SURGEON PA-C: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter Medical Practice Standard of Care.

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) Low Back Chapter, Hardware implant removal (fixation).

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation is appropriate for injured workers who have persistent severe and disabling shoulder or arm symptoms, activity limitations for more than 1 month or extreme progression of symptoms, clear clinical, imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the long and short-term as well as unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon imaging. The MRI revealed the injured worker had a desiccated disc at C4-5 and diffuse bulge. It indented the subarachnoid space and caused mild narrowing at the central canal and neural foramina bilaterally. The bulge measured 3 mm in size. There was mild facet and uncovertebral arthropathy at C4-5 and C5-6 and C6-7. There were no findings of cervical instability. There was no electrophysiologic evidence of a lesion. The cervical discectomy fusion would not be supported. The ACOEM Guidelines do not specifically address hardware implant removal for fixation. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that hardware

implant removal is not recommended except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. The clinical documentation submitted for review indicated the injured worker had a broken screw at the level of C7. This portion of the procedure would be supported. However, the request in its entirety would not be supported. As such, a 1 day inpatient length of stay and assistant surgeon would not be supported. Given the above, the request for C4-5 anterior cervical discectomy fusion C5-7 explore fusion and removal of hardware, 1 day inpatient length of stay, and assistant surgeon PA-C is not medically necessary.

ASPEN CERVICAL COLLAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

EXTERNAL BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.