MAXIMUS Federal Services

Case Number:	CM14-0006208		
Date Assigned:	03/03/2014	Date of Injury:	12/20/1984
Decision Date:	07/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 patient is a 54-year-old female who has submitted a claim for cervical spondylosis, kyphosis, and herniation; fibromyalgia, Hashimoto's disease, mixed connective tissue disease, and status-post lumbar fusion with discectomy associated with an industrial injury date of 12/20/1984.Medical records from 2013 were reviewed. Patient complained of right-sided neck pain, numbness, and spasm, radiating to the right upper extremity. This resulted to dropping off objects unintentionally. Pain was described as aching, sharp, stabbing, burning, or tingling. Alleviating factors included physical therapy and intake of medications. Patient was a former smoker and started to quit on 11/18/2009. Physical examination revealed diminished sensation at C6 dermatome (laterality unspecified). Motor strength, range of motion, and reflexes were unremarkable.X-ray of the cervical spine, undated, revealed kyphosis, C4-C5 collapsed with large anterior spur.MRI of the cervical spine, dated 08/14/2012, revealed that at C5-C6, a 2 mm bulge in combination with facet disease resulted in severe right and mild left neural foraminal stenosis. The right exiting nerve root was abutted. The ventral subarachnoid space was effaced.Treatment to date has included cervical epidural steroid injection, physical therapy, and medications such as carisoprodol, duloxetine, ezetimibe, hydroxychloroquine, levothyroxine, oxycodone, pregabalin, and ibuprofen.Utilization review from 12/18/2013 denied the requests for anterior C5-C6 discectomy, one-day inpatient hospital stay, and artificial disc displacement because objective findings revealed motor strength, range of motion and reflexes. There was no evidence of failure of conservative management because patient had a positive response with physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ANTERIOR C5-6 DISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Discectomy, Disc prosthesis.

Decision rationale: CA MTUS ACOEM Practice Guidelines state that surgical consultation/intervention is indicated for patients who have: persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, and unresolved radicular symptoms after receiving conservative treatment. In addition, ODG states that criteria for discectomy include: evidence of radicular pain, evidence of motor deficit or reflex change, abnormal imaging, and failure of 6 to 8 weeks trial of conservative care. 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. And 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. In this case, patient presented with chronic neck pain radiating to the right upper extremity despite epidural steroid injection, physical therapy, and pain medications. MRI of the cervical spine, dated 08/14/2012, revealed that at C5-C6, a 2 mm bulge in combination with facet disease resulted in severe right and mild left neural foraminal stenosis; the right exiting nerve root was abutted. The treatment plan is to perform cervical surgery due to failure of conservative care. However, the total number of therapy sessions attended was not documented. Moreover, progress report from 11/18/13 cited that physical therapy and intake of medications resulted to relief of pain. The most recent physical examination revealed diminished sensation at C6 dermatome. However, testing of range of motion, motor strength, and reflexes were normal. The medical necessity for surgery was not established. Therefore, the request for ONE ANTERIOR C5-6 DISCECTOMY is not medically necessary.

ONE DAY INPATIENT STAY: 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: The request for cervical discectomy has been deemed not medically necessary; therefore, the dependent request for one-day inpatient stay is likewise not medically necessary.

ARTIFICIAL DISC REPLACEMENT: 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: The request for cervical discectomy has been deemed not medically necessary; therefore, the dependent request for artificial disc replacement is likewise not medically necessary.