

Case Number:	CM14-0008323		
Date Assigned:	02/12/2014	Date of Injury:	04/09/2012
Decision Date:	07/11/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 47-year-old female with a 4/9/12 date of injury to the neck. She had an MRI on 6/27/13, which revealed degenerative changes of the cervical discs from C3/4 to C7/T1, with posterior disc and osteophyte protrusions causing minimal to mild spinal canal stenosis. Bilateral foraminal stenosis was noted from S3/4 to C7/T1, but most severe at C7/T1. On 6/28/13, electrodiagnostic studies revealed mild bilateral carpal tunnel syndrome, but no evidence of cervical radiculopathy. A request for an anterior cervical discectomy and fusion (ACDF) from C3/4 to C7/T1 was made and denied on 11/7/13, due to the fact that there was no evidence that the patient received an epidural and there were no clinical findings to substantiate radiculopathy in a specific dermatomal distribution. The patient was seen on 12/12/13 with complaints of neck pain with upper extremity radiation, rated at 7/10. Exam findings revealed trace weakness of the right wrist extensor and dorsum of the wrist. The Spurling sign was positive with radiation to the forearm and right periscapular area. It was also noted that a request for additional physical therapy and a cervical epidural injection were denied. The patient is noted to be working full time. A 6/27/13 MRI of the cervical spine noted: mild foraminal stenosis at C3/4 and C4/5, a minimal canal stenosis at C5-C6 with moderate right foraminal stenosis, mild to moderate left foraminal stenosis at C6/7, and moderate to severe left foraminal stenosis and moderate right foraminal stenosis at C7/T1. The treatment to date includes: epidural, medications, and physical therapy. A UR decision dated 1/9/14 denied the request for a cervical discectomy and fusion (ACDF), given the electrodiagnostic study dated 6/28/13, showed no evidence of cervicle radiculopathy. In addition, it was noted that the patient should exhaust conservative care such as, non-steroidal anti-inflammatory drugs (NSAIDs), chiropractic treatment, a course of physical therapy with transitioning to a home exercise program (HEP), and epidural injections. As surgery was not certified, the associated requests for hospital stay,

cervical collar, assistant surgeon, pre operative clearance, and a reacher were also not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY AND FUSION (ACDF) AT C3-4, C4-5 AND C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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 and Upper Back Chapter-Anterior cervical discectomy and fusion.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the criteria for cervical decompression include 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, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines indicate that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. This is a 47-year-old female who is noted to be working full time with no restrictions. There is no indication that she has severe progressive disabling upper extremity symptoms. In addition, her electrodiagnostic studies showed no evidence of cervical radiculopathy. Her MRI showed mild foraminal stenosis except at C5-C6, which showed moderate right foraminal stenosis, and C6/7, which showed mild to moderate left foraminal stenosis; and, at C7/T1, which showed moderate to severe left foraminal stenosis and moderate right foraminal stenosis. There are no specific dermatomal distributions noted with regard to decrease in sensation or pain in the patient's upper extremities. Therefore, the request for an anterior cervical discectomy and fusion (ACDF) at C3/4, C4/5, and C5/6 is not medically necessary.

OVERNIGHT HOSPITAL STAY: 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: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, 12 addition; the American College of Surgeons et al., Physicians as Assistants at Surgery, 2002, Study (<http://www.face.org/ahp/pubs/2002physasstsurg.pdf>); and the American Academy of Orthopedic Surgeons, Surgical Assistant Procedure Coverage.

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.

PRE-OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation e-medicine.com, Perioperative Management of the Female Patient (last updated 12/1/2004).

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.

REACHER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare; and Medicaid Services (<http://www.nis.org/conf/services.htm>).

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Cervical collar, post operative (fusion).

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.

