

Case Number:	CM14-0011714		
Date Assigned:	02/21/2014	Date of Injury:	10/01/2010
Decision Date:	08/18/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/29/2014

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, 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 59-year-old female with a 10/1/10 date of injury secondary to cumulative trauma. There was a prior adverse determination for an ACDF at C5-6 and C6-7 as there was no recent evaluation by the surgeon since July of 2013, no clear documentation of radiculopathy, and no specific anatomic impingements noted on the MRI. 7/10/13 progress report by [REDACTED] describes similar subjective findings and hypoesthesia of the right ring and small fingers. There is weakness of grip on the right hand compared to the left and slight weakness of the left biceps. The diagnoses includes cervical spondylosis multilevel most severe at C5-6 and right carpal tunnel syndrome. It is noteworthy to mention that this most recent note describes a request for mass fixation at C4-5, C5-6, and C6-7 with iliac crest bone grafting and possible interspinous wiring at C6-7. 6/5/13 progress report by [REDACTED] describes upper extremity left-sided radicular pain with symptoms have not changed. Physical exam is the same as the 2/25/13 progress report. This note is incomplete and does not have the treatment plan section (missing page 3). 5/22/13 QME report describes a treatment plan of an ACDF at C5-6 and C6-7 as recommended by [REDACTED]. 2/25/13 progress report by [REDACTED] describes severe neck pain rated 9/10 right-sided upper extremity pain and new onset left upper extremity numbness and tingling radiating from the neck to the anterolateral aspect of the left shoulder. Physical exam shows diminished anesthesia of the right ring and little fingers, diminished grip strength on the right as compared to the left, weakness of abduction and adduction, and slight weakness of the left biceps. It is noted that there is a positive provocative discogram reproducing concordant pain at C5-6 and C6-7 with a negative control. The recommendations at this time was to proceed with an ACDF at C5-6 and C6-7. 4/18/11 electrodiagnostic study described mild sub-acute bilateral C5-6 radiculopathy. 8/17/11 MRI of the cervical spine showed at C5-6: Mild degenerative disk disease, 2-3 mm posterior disk bulge, mild canal stenosis, mild foraminal

stenosis. At C6-7, the disk height was normal, no mass effect on the thecal sac, central canal, or foramina. Of note, the MRI also shows an abnormal signal within the C4 vertebral body most likely representing marrow sclerosis however could reflect an osteoblastic metastasis.

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 at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

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 Chapter.

Decision rationale: The request has not been substantiated. The last note provided by [REDACTED] was from July of 2013, 1 year ago. The only imaging study is from August of 2011 showing no specific impingement or stenosis at either C5-6 or C6-7. Electrodiagnostic studies however did show mild bilateral C5-6 radiculopathy. The MTUS guidelines do not support discography as a pre-operative indication for fusion. The patient has grip strength weakness and numbness in the ring and small fingers with positive evidence of carpal tunnel syndrome that has not been ruled out as part of the patient's complaints. The imaging studies are 3 years old and there is no recent evaluation of the patient. The MTUS neck and upper back chapter states that there is significant scientific evidence that questions the usefulness of discography when used prior to cervical fusion. Clear evidence is lacking to support its efficacy. Lastly, it is noteworthy that the last progress report from the surgeon requests an ACDF at C4-5, C5-6, and C6-7, that is not consistent with the request presented. The request is not medically necessary.

Anterior cervical discectomy and fusion at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

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

Decision rationale: The request has not been substantiated. The last note provided by [REDACTED] was from July of 2013, 1 year ago. The only imaging study is from August of 2011 showing no specific impingement or stenosis at either C5-6 or C6-7. Electrodiagnostic studies however did show mild bilateral C5-6 radiculopathy. The MTUS guidelines do not support discography as a pre-operative indication for fusion. The patient has grip strength weakness and numbness in the ring and small fingers with positive evidence of carpal tunnel syndrome that has not been ruled out as part of the patient's complaints. The imaging studies are 3 years old and there is no recent evaluation of the patient. The MTUS neck and upper back chapter states that there is significant scientific evidence that questions the usefulness of discography when used

prior to cervical fusion. Clear evidence is lacking to support its efficacy. Lastly, it is noteworthy that the last progress report from the surgeon requests an ACDF at C4-5, C5-6, and C6-7, that is not consistent with the request presented. The request is not medically necessary.

Iliac aspiration: 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 graft: 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 plate: 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.

Inpatient stay (days) quantity: 3: 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.

Post-op off the shelf brace: 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.

Home health RN evaluation: 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.