

Case Number:	CM14-0017961		
Date Assigned:	04/25/2014	Date of Injury:	03/13/2012
Decision Date:	07/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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:

The injured worker is a 51-year-old female who reported an injury on 03/13/2012. The mechanism of injury was cumulative trauma. Prior treatments include epidural steroid injections and physical therapy. The documentation of 11/25/2013 revealed that the injured worker had pain in her neck radiating down the right upper extremity. The injured worker was noted to get tremors in her right hand. On physical examination, the injured worker was noted to have irritability with cross shoulder abduction as well as external rotation and internal rotation. The diagnoses included cervical discopathy at C5-6 with radiculopathy of the right upper extremity and foraminal stenosis at C5-6 on the right side. The treatment plan included an epidural steroid injection #2 and possible surgical intervention. The subsequent documentation dated 01/27/2014 revealed that the physician requested surgical intervention on 12/23/2013; however, that physical examination was not supplied for review. The request submitted included an anterior cervical discectomy with placement of artificial disc for C5-6 versus fusion, inpatient stay times 2 days, assistant surgeon, preoperative clearance to include consultation, EKG, chest x-ray, cervical collar, Miami J collar, cold therapy unit, CBCs, CMP, PT, PTT and UA.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY WITH PLACEMENT OF ARTIFICIAL DISC C5-C6 VERSUS FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation is appropriate for patients who have persistent, severe and disabling shoulder or arm symptoms; activity limitations for more than 1 month or with extreme progress of symptoms; clear clinical, imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in the short and long-term. Additionally, they should have unresolved radicular symptoms after receiving conservative treatment. The guidelines do address cervical nerve root compression to indicate surgical procedures that can be performed. However, they do not address specific criteria. As such, secondary guidelines were sought. Additionally, the ACOEM Guidelines do not address fusion of the cervical spine. The Official Disability Guidelines indicate that for a discectomy, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or the presence of a positive Spurling's test. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with a cervical level, and there should be documentation of abnormal imaging, including a CT/myelogram and/or MRI to show positive findings that correlate with nerve root involvement that is found with previous objective physical and/or diagnostic findings. Additionally, etiologies of pain, such as metabolic sources, nonstructural radiculopathies and/or peripheral sources, should be address prior to cervical procedures. There must be evidence that the patient has received and failed at least a 6 week trial of conservative care. To support a fusion, there must be documentation of cervical nerve root compression verified by diagnostic imaging and resulting in severe or profound weakness of the extremities. The clinical documentation submitted for review failed to meet the above criteria. Given the above, the request for an anterior cervical discectomy with placement of an artificial disc at C5-6 versus fusion is not medically necessary.

INPATIENT STAY (2 DAYS): 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.

PRE-OPERATIVE CLEARANCE TO INCLUDE CONSULTATION: 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.

EKG: 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.

CHEST X-RAY: 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 COLLAR: 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.

MIAMI J COLLAR: 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.

COLD THERAPY UNIT: 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.

CBC, CMP, PT, TT, AND UA: 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.