

Case Number:	CM14-0140310		
Date Assigned:	09/10/2014	Date of Injury:	09/01/2011
Decision Date:	12/12/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/29/2014

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, 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:

According to the records made available for review, this is a 51-year-old female with a 9/1/11 date of injury. At the time (7/8/14) of request for authorization for C4-7 anterior cervical discectomy with implantation of hardware, Co-surgeon, 2-3 day inpatient stay, Cervical collar purchase, Minerva collar #1 purchase, Miami J collar with thoracic extension #1 purchase, Bone growth stimulator purchase, and Medical clearance, there is documentation of subjective (cervical spine pain radiating to upper extremities associated with tingling and numbness into the lateral forearm and hand correlating with C6 and C7 dermatomal pattern) and objective (tenderness over the cervical paravertebral muscle with spasm, positive axial compression test, positive Spurling's maneuver, decreased range of motion, 4/5 strength of wrist extensors and flexors, biceps, triceps, and finger extensors) findings, imaging findings (Flexion and Extension X-ray of the cervical spine (4/29/14) report revealed spondylosis at the levels of C5 through C7 and to a lesser extent at the level of C4-5 with some instability and MRI arthrogram of the cervical spine (7/12/12) report revealed moderate disc degeneration with minimal disc bulge, mild uncovertebral hypertrophy and moderate right facet arthritis, and mild bilateral foraminal stenosis at C4-5; moderate to severe disc degeneration with moderate spondylosis and broad based posterior disc bulge, minimal compression of the ventral spinal cord but the cord maintains normal signal intensity, and mild right and moderate to severe left foraminal stenosis at C5-6; and moderate disc degeneration with mild diffuse disc bulge, broad based posterior disk protrusion eccentric to the left with 3mm thick left parasagittal posterior disk protrusion with extension of the disc protrusion into the left neural foramen at C6-7), current diagnoses (cervicalgia), and treatment to date (medications, home exercise program, and physical therapy). Regarding anterior cervical discectomy with implantation of hardware, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or

reflex changes) findings in C5 nerve root distribution; and of imaging findings (nerve root compression or moderate neural foraminal stenosis) that correlate with C5 nerve root involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-7 anterior cervical discectomy with implantation of hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck & Upper Back Procedure Summary, last updated 4/14/14, Indications for discectomy/laminectomy (excluding fractures)

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 & Upper back, Artificial disc replacement and Discectomy/laminectomy/laminoplasty

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies 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, 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. Official Disability Guidelines (ODG) identifies documentation of a condition/diagnosis (such as: intractable symptomatic single-level cervical degenerative disc disease (DDD) with supportive subjective/objective findings of arm pain and functional/neurological deficit at the requested level(s), failure of conservative treatment, and imaging (CT, MRI, X-ray) findings (herniated nucleus pulposus; spondylosis; and/or loss of disc height), to support the medical necessity of artificial disk replacement. In addition, ODG identifies documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures, evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive electromyography (EMG) findings that correlate with the cervical level, an abnormal imaging report with positive findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. Within the medical information available for review, there is documentation of a diagnosis of cervicalgia. In addition, there is documentation of failure of conservative treatment. Furthermore, there is documentation of spondylosis. However, despite documentation of subjective (cervical spine pain radiating to upper extremities associated with tingling and numbness into the lateral forearm and hand correlating with C6 and

C7 dermatomal pattern) and objective (4/5 strength of wrist extensors and flexors, biceps, triceps, and finger extensors (C6 and C7)), there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) findings in C5 nerve root distribution. In addition, despite documentation of imaging findings (MRI arthrogram of the cervical spine identifying MILD bilateral foraminal stenosis at C4-5; moderate to severe left foraminal stenosis at C5-6; and disk protrusion with extension of the disc protrusion into the left neural foramen at C6-7), there is no documentation of imaging findings (nerve root compression or moderate neural foraminal stenosis) that correlate with C5 nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request for C4-7 anterior cervical discectomy with implantation of hardware is not medically necessary.

Co-surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck & Upper Back Procedure Summary, last updated 4/14/14, Indications for discectomy/laminectomy (excluding fractures)

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.

2-3 day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck & Upper Back Procedure Summary, last updated 4/14/14, Indications for discectomy/laminectomy (excluding fractures)

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 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck & Upper Back Procedure Summary, last updated 4/14/14, Indications for discectomy/laminectomy (excluding fractures)

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.

Minerva collar #1 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck & Upper Back Procedure Summary, last updated 4/14/14, Indications for discectomy/laminectomy (excluding fractures)

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 with thoracic extension #1 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck & Upper Back Procedure Summary, last updated 4/14/14, Indications for discectomy/laminectomy (excluding fractures)

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 growth stimulator purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck & Upper Back Procedure Summary, last updated 4/14/14, Indications for discectomy/laminectomy (excluding fractures)

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.

Medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck & Upper Back Procedure Summary, last updated 4/14/14, Indications for discectomy/laminectomy (excluding fractures)

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.