

Case Number:	CM14-0158572		
Date Assigned:	10/23/2014	Date of Injury:	04/07/2014
Decision Date:	11/21/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/26/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 04/07/2013. The mechanism of injury was not provided. Prior therapies included physical therapy. The injured worker's medications included Orphenadrine. The injured worker's surgical history was noncontributory. The official report of the MRI of the cervical spine dated 08/08/2014 revealed there was a suggestion of slight fusiform swelling of the cervical cord from C3-4 through C5-6. There was no abnormal post contrast enhancement seen. The T2 sagittal view showed a more homogeneous appearance of the cord on the study. In spite of normal enhancement pattern, a continuing short term follow-up was recommended in 4 months to confirm stability. The cord was otherwise normal. The injured worker had a stable 3 mm retrolisthesis at C5-6 in association with advanced degenerative disc disease that had not progressed. The alignment was otherwise anatomic. There was no interval change in overall appearance of the vertebra since 06/17/2014. However, there were reactive endplate changes at C5-6. At C4-5, there was left uncinat spurting and facet arthropathy causing moderate left foraminal stenosis. At C5-6, there a broad based posterior disc osteophyte complex with the osteophyte predominant, especially toward the right, with uncinat spurting resulting in right lateral recess stenosis, placing the right C5-6 root at risk for impingement. The documentation of 08/15/2014 revealed the injured worker had complaints of neck and low back pain. The neck pain was more severe than the low back pain. The injured worker indicated the pain was aching and burning in her neck, bilateral arms, lower back, bilateral buttocks, and bilateral legs. The pain was constant. The injured worker's medications included Orphenadrine 100 mg twice a day, naproxen 500 mg as needed, oxycodone as needed, Wellbutrin 450 mg daily, and aspirin 81 mg daily. The injured worker's past medical history included fibromyalgia. The injured worker had decreased range of motion of the cervical spine. The neural foraminal compression test was negative bilaterally. The injured worker's

upper strength was 4+/5 bilaterally. The injured worker had intact pinprick sensation in all upper extremity dermatomes. The injured worker's upper extremity reflexes were 1/4 bilaterally. The physician documented that the injured worker had an MRI of the cervical spine revealing a C4-5 left sided cord compression, and C5-6 right sided foraminal compression. The physician documented there was advanced disc degeneration with uncovertebral osteophytes noted at C5-6. The physician opined that there was a large anteriorly herniated disc fragment at C5-6. The diagnoses included C4-5 and C5-6 disc degeneration and lumbar degenerative disc disease. The physician opined the injured worker had an MRI revealing cord compression with cord edema. The physician further documented there was marked disc degeneration and a large anterior disc herniation and posterior disc protrusion associated with disc osteophyte complex causing cord compression. The request was made for a C4-5 and C5-6 anterior cervical discectomy with interbody fusion. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 & C5-6 Anterior cervical discectomy with interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back chapter, Anterior cervical discectomy & fusion (ACDF)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The injured worker had objective findings upon physical examination. However, the clinical documentation submitted for review failed to provide documentation of a failure of recent conservative care. The MRI findings revealed a slight fusiform swelling of the cervical cord from C3-4 through C5-6. The cord was otherwise normal. The injured worker had a stable 3 mm retrolisthesis at C5-6 in association with advanced degenerative disc disease that had not progressed. The findings support the level of C5-C6. However, they do not support the level of C4-C5. There was a lack of documentation indicating the injured worker had electrophysiological evidence of a lesion that would respond to surgical intervention. Given the above, the request for C4-5 and C5-6 anterior cervical discectomy with interbody fusion is not medically necessary.

Associated surgical service: Pre-op labs (CBC, PT, PTT, and BMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 June, 40p

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.

Associated surgical service: Pre-op labs: UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 June, 40p

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.

Associated surgical service: Pre-op chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 June, 40p

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.

Associated surgical service: Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 June, 40p

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.

Hard and soft cervical collars: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back chapter, Collars (Cervical)

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.

External bone growth stimulator: 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, Bone growth stimulators (BGS)

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.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco) and Opioids Page(s): 47-48.

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.

Voltaren 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren).

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.