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| Case Number: | CM14-0169868 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 12/30/2011 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 09/23/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 Neurological 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 41-year-old female with a 12/30/11 date of injury. At the time (9/11/14) of request for authorization for C5-6, C6-7 anterior cervical fusion and discectomy, C5-6, C6-7 anterior fusion, C5-7 anterior instrumentation, C5-6, C6-7 Structural Allograft, Associated surgical service: Pre-Op labs, and Associated surgical service: Aspen collar, there is documentation of subjective (neck and low back pain with associated pain over bilateral upper and lower extremity, stiffness over sides of neck, and tingling sensation over neck radiating to face) and objective (diffuse cervical tenderness and decreased cervical range of motion) findings, imaging findings (X-Ray (2/17/14) report revealed severe degenerative disc disease C5-6 and C6-7), current diagnoses (discogenic low back pain, severe discogenic neck pain secondary to severe disc degeneration at C5-6 and C6-7, and carpal tunnel syndrome), and treatment to date (home exercise program and medications). Medical report identifies that patient cannot continue to live with pain due to interference with activities of daily living and constant severe mechanical neck pain; and has failed an adequate trial of time and conservative treatment. There is no documentation of objective findings which confirm presence of radiculopathy; imaging (CT/myelogram and/or MRI), and electrophysiology evidence that correlate with nerve root involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6, C6-7 anterior cervical fusion and discectomy:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of 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, as criteria necessary to support the medical necessity of cervical decompression. 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 EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of diagnoses of discogenic low back pain, severe discogenic neck pain secondary to severe disc degeneration at C5-6 and C6-7, and carpal tunnel syndrome. In addition, given documentation of subjective (neck pain with associated pain over bilateral upper extremity, stiffness over sides of neck, and tingling sensation over face) findings, there is documentation of persistent, severe, and disabling shoulder or arm symptoms. Furthermore, given documentation that patient cannot continue to live with pain due to interference with activities of daily living and constant severe mechanical neck pain, there is documentation of extreme progression of symptoms. Moreover, there is documentation of failure of conservative treatment. Lastly, given documentation that symptoms of carpal tunnel are not severe enough to warrant surgery, there is documentation of peripheral sources (carpal tunnel syndrome) addressed prior to cervical surgical procedures. However, despite non-specific documentation of objective (diffuse cervical tenderness and decreased cervical range of motion) findings, there is no specific (to a nerve root distribution) documentation of objective findings which confirm presence of radiculopathy. In addition, there is no documentation of imaging (CT/myelogram and/or MRI), and electrophysiology evidence that correlate with nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request for C5-6, C6-7 anterior cervical fusion and discectomy is not medically necessary.

C5-6, C6-7 anterior fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of 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, as criteria necessary to support the medical necessity of cervical decompression. 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 EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of diagnoses of discogenic low back pain, severe discogenic neck pain secondary to severe disc degeneration at C5-6 and C6-7, and carpal tunnel syndrome. In addition, given documentation of subjective (neck pain with associated pain over bilateral upper extremity, stiffness over sides of neck, and tingling sensation over face) findings, there is documentation of persistent, severe, and disabling shoulder or arm symptoms. Furthermore, given documentation that patient cannot continue to live with pain due to interference with activities of daily living and constant severe mechanical neck pain, there is documentation of extreme progression of symptoms. Moreover, there is documentation of failure of conservative treatment. Lastly, given documentation that symptoms of carpal tunnel are not severe enough to warrant surgery, there is documentation of peripheral sources (carpal tunnel syndrome) addressed prior to cervical surgical procedures. However despite non-specific documentation of objective (diffuse cervical tenderness and decreased cervical range of motion) findings, there is no specific (to a nerve root distribution) documentation of objective findings which confirm presence of radiculopathy. In addition, there is no documentation of imaging (CT/myelogram and/or MRI), and electrophysiology evidence that correlate with nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request C5-6, C6-7 anterior fusion is not medically necessary.

C5-7 anterior instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of 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, as criteria necessary to support the medical necessity of cervical decompression. 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 EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of diagnoses of discogenic low back pain, severe discogenic neck pain secondary to severe disc degeneration at C5-6 and C6-7, and carpal tunnel syndrome. In addition, given documentation of subjective (neck pain with associated pain over bilateral upper extremity, stiffness over sides of neck, and tingling sensation over face) findings, there is documentation of persistent, severe, and disabling shoulder or arm symptoms. Furthermore, given documentation that patient cannot continue to live with pain due to interference with activities of daily living and constant severe mechanical neck pain, there is documentation of extreme progression of symptoms. Moreover, there is documentation of failure of conservative treatment. Lastly, given documentation that symptoms of carpal tunnel are not severe enough to warrant surgery, there is documentation of peripheral sources (carpal tunnel syndrome) addressed prior to cervical surgical procedures. However, despite non-specific documentation of objective (diffuse cervical tenderness and decreased cervical range of motion) findings, there is no specific (to a nerve root distribution) documentation of objective findings which confirm presence of radiculopathy. In addition, there is no documentation of imaging (CT/myelogram and/or MRI), and electrophysiology evidence that correlate with nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request C5-7 anterior instrumentation is not medically necessary.

C5-6, C6-7 Structural Allograft: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of 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, as criteria necessary to support the medical necessity of cervical decompression. 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 EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of diagnoses of discogenic low back pain, severe discogenic neck pain secondary to severe disc degeneration at C5-6 and C6-7, and carpal tunnel syndrome. In addition, given documentation of subjective (neck pain with associated pain over bilateral upper extremity, stiffness over sides of neck, and tingling sensation over face) findings, there is documentation of persistent, severe, and disabling shoulder or arm symptoms. Furthermore, given documentation that patient cannot continue to live with pain due to interference with activities of daily living and constant severe mechanical neck pain, there is documentation of extreme progression of symptoms. Moreover, there is documentation of failure of conservative treatment. Lastly, given documentation that symptoms of carpal tunnel are not severe enough to warrant surgery, there is documentation of peripheral sources (carpal tunnel syndrome) addressed prior to cervical surgical procedures. However despite non-specific documentation of objective (diffuse cervical tenderness and decreased cervical range of motion) findings, there is no specific (to a nerve root distribution) documentation of objective findings which confirm presence of radiculopathy. In addition, there is no documentation of imaging (CT/myelogram and/or MRI), and electrophysiology evidence that correlate with nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request C5-6, C6-7 Structural Allograft is not medically necessary.

Associated surgical service: Pre-Op labs: 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.

Associated surgical service: Aspen 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.