

Case Number:	CM14-0184765		
Date Assigned:	11/13/2014	Date of Injury:	08/15/2011
Decision Date:	12/15/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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 Fellowship 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 50-year-old female with a 8/15/11 date of injury. At the time (10/30/14) of request for authorization for anterior cervical discectomy C5-6, anterior instrumentation fusion C5-6, C6-7, total disc arthroplasty, bone stimulator, cervical hard collar, and cervical shower collar, there is documentation of subjective (worsening neck pain, dropping objects with the right arm, and weakness in the right arm) and objective (biceps flexion and extension weakness on the right, decreased sensation at the level of C6 and C7 in the right arm, limited cervical spine range of motion due to the spinal muscle spasms) findings. Imaging findings (cervical spine MRI (8/29/14) report revealed uncovertebral osteophytes in the left at C4-5 and on the right and left at C5-6 that encroach into the space by the adjacent C5 and C6 nerves and there is moderate to severe stenosis of the right neural foramen at C5-6 at the site of the right C6 nerve; right and left osteophytes are seen at C6-7 which create severe stenosis of the right neural foramen and moderate stenosis of the left neural foramen at the sites of the C7 nerves). The current diagnoses includes degeneration of cervical intervertebral disc and the treatment to date includes medications, epidural steroid injection, TENS, and activity modification. There is no documentation of intractable symptomatic single-level cervical DDD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy C5-6: Upheld

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

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: The 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. The 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 diagnosis of degeneration of cervical intervertebral disc. In addition, there is documentation of persistent, severe, and disabling arm symptoms; activity limitation for more than one month and progression of symptoms; clear clinical and imaging 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. However, there is documentation of an associated request for total disc arthroplasty that is not medically necessary. Therefore, based on guidelines and a review of the evidence, the request for anterior cervical discectomy C5-6 is not medically necessary.

Anterior instrumentation fusion C5-6, C6-7: Upheld

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

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: The 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. The 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 diagnosis of degeneration of cervical intervertebral disc. In addition, there is documentation of persistent, severe, and disabling arm symptoms; activity limitation for more than one month and progression of symptoms; clear clinical and imaging 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. However, there is documentation of an associated request for total disc arthroplasty that is not medically necessary. Therefore, based on guidelines and a review of the evidence, the request for anterior instrumentation fusion C5-6, C6-7 is not medically necessary.

Total disc arthroplasty: Upheld

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

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, Arthroplasty/Disc prosthesis

Decision rationale: The MTUS reference to 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. The ODG identifies documentation intractable symptomatic single-level cervical DDD, failure of at least six weeks of non-operative treatment, arm pain and functional/ neurological deficit, and at least one of the following conditions confirmed by imaging (CT, MRI, X-ray) (herniated nucleus pulposus; spondylosis (defined by the presence of osteophytes); or loss of disc height), as criteria necessary to support the medical necessity of cervical disc replacement. Within the medical information available for review, there is documentation of diagnosis of degeneration of cervical intervertebral disc. In addition, there is documentation of persistent, severe, and

disabling arm symptoms; activity limitation for more than one month and progression of symptoms; clear clinical and imaging 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. However, given documentation of a two level disc disease and no documentation of which level(s) is/are intended for the proposed total disc arthroplasty, there is no documentation of intractable symptomatic single-level cervical DDD. Therefore, based on guidelines and a review of the evidence, the request for total disc arthroplasty is not medically necessary.

Bone 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, Cervical Spine - Disc Prosthesis

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for bone stimulator is not medically necessary.

Cervical hard collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Spine - Disc Prosthesis

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for cervical hard collar is not medically necessary.

Cervical shower collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Spine - Disc Prosthesis

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for cervical shower collar is not medically necessary.