

Case Number:	CM14-0081498		
Date Assigned:	08/08/2014	Date of Injury:	04/11/1997
Decision Date:	09/11/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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:

This is a 52-year-old female who sustained a vocational injury on 04/11/97. The claimant's current working diagnosis includes displacement of cervical intervertebral disc without myelopathy. The most recent office note available for review dated 05/05/14 notes cervical spondylosis symptomatic with left upper extremity radiculopathy. The claimant recently had a DEXA Scan that demonstrated a slight increase in bone density of the cervical spine. On exam, flexion was 40 degrees, extension to 20 degrees, rotation to the right and left was to 60 degrees and caused increased cervical pain. There was decreased left upper extremity triceps reflex compared to the right and decreased sensation in the distal ulnar nerve territory on the left side. The report of a cervical MRI dated 04/26/13 identified no fracture or malalignment, osteophytes at various levels with severe neural foramina. There was no severe spinal canal stenosis. Conservative treatment was documented to include Norco, Lyrica and Tramadol. This request is for C4-5 and C5-6 disc arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 and C5-C6 Disc arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back chapter.

Decision rationale: The California ACOEM Guidelines and supported by the Official Disability Guidelines do not recommend the request for C4-5 and C5-6 arthroplasty as medically necessary. Currently, Official Disability Guidelines do not recommend cervical disc prosthesis as there is a lack of scientific literature supporting the short and long term prognosis for disc prosthesis. In accordance with the ACOEM Guidelines, the medical records fail to establish that the claimant has attempted, failed, and exhausted a formal course of conservative treatment, which should include activity modification, home exercise program, formal physical therapy, antiinflammatories, and consideration of a diagnostic/therapeutic epidural steroid injection. An MRI from 04/26/13 fails to identify that there is any significant neural compression at the surgical levels and there is no documentation of instability on physical exam or plain radiographs. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for a C4-5 and C5-6 arthroplasty cannot be considered medically necessary.

C6-C7 Anterior Cervical Discectomy and Fusion: Upheld

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

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 and Upper Back chapter: Fusion, anterior cervical.

Decision rationale: The request for C6-7 anterior cervical discectomy and fusion is also not recommended as medically necessary according to the California MTUS ACOEM Guidelines and Official Disability Guidelines. Official Disability Guidelines suggest that there should be smoking cessation for at least six weeks prior to considering cervical fusion and currently there is no documentation of the claimant's smoking status, which would be imperative to know prior to considering determining medical necessity. Documentation also fails to establish that the claimant has attempted, failed and exhausted conservative treatment in the form of antiinflammatories, activity modification, a home exercise program, formal physical therapy, consideration of a diagnostic/therapeutic injection, all of which are recommended by California ACOEM Guidelines and the Official Disability Guidelines prior to considering surgical intervention in the form of cervical fusion. Documentation also fails to establish that there is significant neural compression at the requested surgical level or there is any clinical exam findings of instability or diagnostic plain radiographs confirming instability at the requested surgical level also which is recommended by California MTUS ACOEM Guidelines and Official Disability Guidelines. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for the C6-7 antero-cervical discectomy and fusion cannot be considered medically necessary.

1 Night Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on

the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back chapter.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for an inpatient stay is also not medically necessary.

Laboratory Work , EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for lab work and EKG is also not medically necessary.

Chest X-Ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for a chest x-ray is also not medically necessary.