

Case Number:	CM14-0193935		
Date Assigned:	12/01/2014	Date of Injury:	02/03/2010
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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:

According to the records made available for review, this is a 63-year-old female with a 2/3/10 date of injury. At the time (11/11/14) of the Decision for C4-6 anterior cervical discectomy and fusion with rigid instrumentation and possible junctional level inclusion for realignment purposes and reduction of listhesis that is present on the plain radiographs at C4-5 and C5-6, Cervical Collar: Minerva Mini Collar #1, Miami J collar with thoracic extension #1, Pre-op medical clearance with internist, 2-3 day inpatient stay, and Co-surgeon, there is documentation of subjective (chronic neck pain that radiates to the bilateral upper extremities) and objective (tenderness to palpation over the cervical paravertebral muscle with spasm; positive axial loading compression test and Spurling's maneuver; limited range of motion of the cervical spine; decreased sensation over the anterolateral shoulder and arm, lateral forearm and hand, and greatest over the thumb, which correlates with C5-C6 dermatome pattern; and decreased muscle strength in the deltoid, biceps and wrist extensors) findings, imaging findings (MRI of the Cervical Spine (5/30/14) report revealed reversal of cervical lordosis pivoted around C4-C5, partial wedging or flattening of C5, and a 2 mm retrolisthesis of C4 on C5 was noted), current diagnoses (C4-C6 spondylosis, left greater than right), and treatment to date (activity modifications, physical therapy treatments, epidural steroid injections, and medications). Regarding C4-6 anterior cervical discectomy and fusion with rigid instrumentation and possible junctional level inclusion for realignment purposes and reduction of listhesis that is present on the plain radiographs at C4-5 and C5-6, there is no documentation of persistent, severe, and disabling shoulder or arm symptoms and clear imaging evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-6 anterior cervical discectomy and fusion with rigid instrumentation and possible junctional level inclusion for realignment purposes and reduction of listhesis that is present on the plain radiographs at C4-5 and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14)

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, 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. 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 a diagnosis of C4-C6 spondylosis, left greater than right. In addition, given documentation of objective (positive axial loading compression test and Spurling's maneuver; decreased sensation over the anterolateral shoulder and arm, lateral forearm and hand, and greatest over the thumb, which correlates with C5-C6 dermatome pattern; and decreased muscle strength in the deltoid, biceps and wrist extensors) findings, there is documentation of activity limitation for more than one month. Furthermore, there is documentation of unresolved radicular symptoms after receiving conservative treatment. However, despite documentation of subjective findings (chronic neck pain that radiates to the bilateral upper extremities), there is no documentation of persistent, severe, and disabling shoulder or arm symptoms. In addition, despite documentation of imaging findings (MRI of the Cervical Spine identifying reversal of cervical lordosis pivoted around C4-C5, partial wedging or flattening of C5, and a 2 mm retrolisthesis of C4 on C5 was noted), there is no documentation of clear imaging evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term. Therefore, based on guidelines and a review of the evidence, the request for C4-6 anterior cervical discectomy and fusion with rigid instrumentation and possible junctional level inclusion for realignment purposes and reduction of listhesis that is present on the plain radiographs at C4-5 and C5-6 is not medically necessary.

Associated surgical service: Cervical Collar: Minerva Mini Collar #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14)

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 Collar: Minerva Mini Collar #1 is not medically necessary.

Associated surgical service: Miami J collar with thoracic extension #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back

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 Miami J collar with thoracic extension #1 is not medically necessary.

Associated surgical service: Pre-op medical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>

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 Pre-op medical clearance with internist is not medically necessary.

Associated surgical service: 2-3 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back

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 2-3 day inpatient stay is not medically necessary.

Associated surgical service: Co-surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bcbsnc.com> Blue Cross and Blue Shield, Co-Surgeon, Assistant Surgeon, Team Surgeon and Assistant at Surgery Guidelines

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 Co-surgeon is not medically necessary.