

Case Number:	CM14-0199117		
Date Assigned:	12/09/2014	Date of Injury:	01/03/2011
Decision Date:	01/23/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/26/2014

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 Spine Surgery 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 49-year-old female who reported injuries due to a slip and fall on 01/03/2011. On 05/21/2014, her diagnoses included cervical disc protrusions at C4-5 and C5-6, cervical spinal canal stenosis at C4-5 and C5-6, and mild ligamentous sprain/strain of the lumbar spine. Her complaints included progressing neck pain radiating to both shoulders. It was noted that she had failed conservative therapy which included physical therapy and spinal epidural steroid injections. Her cervical ranges of motion measured in degrees were flexion 55, extension 45, right rotation 55, left rotation 50, right bending 30, and left bending 40. An MRI of the cervical spine on 03/17/2014 revealed a disc bulge with a 3 mm broad posterior disc protrusion at C5-6 with moderate spinal stenosis, a 2 to 3 mm broad posterior disc protrusion at C4-5 with resultant mild spinal stenosis, a 2 mm broad posterior disc protrusion at C6-7 which indents the anterior thecal sac but does not result in significant spinal stenosis, a 1 to 2 mm posterior central disc protrusion at C7-T1 which indents the anterior thecal sac but does not result in significant spinal stenosis, moderate to severe bilateral neural foraminal narrowing at C5-6 and moderate bilateral neural foraminal narrowing at C4-5 and C6-7, modic type 1 changes at the adjacent endplates of C5-6, and straightening of the cervical spine, which may be positional or related to muscle spasm. In a supplemental report on 09/26/2014, it was noted that the disc protrusions are not lateralized, and therefore, the injured worker will not present with radicular pain and associated dermatomal sensory and motor loss. The location of the upper extremity nerve roots laterally are such that they would not be compromised by the central disc protrusions. In a letter of medical necessity on 07/23/2014, it was noted that she remained symptomatic with neck pain radiating to the bilateral shoulders, and had failed conservative management, thus the recommendation for the surgical intervention. A Request for Authorization was not included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total disc arthroplasty at C4-C5: 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 & Upper Back

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, Disc prosthesis

Decision rationale: The request for total disc arthroplasty, C4-C5 is not medically necessary. The Official Disability Guidelines note that disc prosthesis for the cervical spine is under study, with recent promising results but not recommended in the lumbar spine. While comparative studies with anterior cervical fusion yield similar results, the expectation of a decrease in adjacent segment disease development in long term studies remains in question. There is an additional problem with the long term implications of development of heterotrophic ossification. Additional studies are required to allow for a recommended status. The guidelines do not support this procedure. Therefore, this request for total disc arthroplasty at C4-C5 is not medically necessary.

Anterior cervical discectomy and interbody fusion, C5-C6: 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 & Upper Back

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

Decision rationale: The request for anterior cervical discectomy and interbody fusion, C5-C6 is not medically necessary. The California MTUS/ACOEM Guidelines note that within the first 3 months of onset of potentially work related acute neck and upper back symptoms, consider surgery only if the following are detected: Severe spinal vertebral pathology, severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that do not respond to conservative therapy or disc herniation characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis. The presence of a herniated cervical or upper thoracic disc on imaging studies does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniations that apparently do not cause symptoms. Discectomy is not recommended for treatment of acute, subacute or chronic cervical pain or thoracic pain without radiculopathy. The submitted MRI report did not reveal nerve root impingement. The clinical information submitted failed to meet the evidence based guidelines

for this procedure. Therefore, this request for anterior cervical discectomy and interbody fusion, C5-C6 is not medically necessary.

Soft cervical 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.