

Case Number:	CM14-0209964		
Date Assigned:	12/23/2014	Date of Injury:	05/24/1996
Decision Date:	02/25/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old female who reported injury on 05/24/1996. Diagnoses included brachial neuritis or radiculitis NOS, cervicgia, spinal stenosis in the cervical region and cervical disc displacement. The injured worker was noted to have an anterior cervical discectomy and fusion from C4-7 on 05/08/2007. The injured worker underwent a cervical epidural steroid injection. The injured worker underwent an MRI of the cervical spine without contrast on 10/02/2014, which revealed anterior cervical discectomy and fusion from C4-7 and the alignment was preserved and there was no spinal canal stenosis and the levels of the neural foraminal narrowing were present. The injured worker underwent x-rays of the cervical spine on 10/02/2014, which revealed postsurgical changes at C4-7. The injured worker was noted to have spasms. The documentation of 10/08/2014 revealed the injured worker had grade 1 spondylolisthesis of C3-4 with anterior disc osteophyte complex at C3-4; the fusion from C4-7 appeared solid and stable. The injured worker was noted to have left lower extremity pain and lumbar spasm. The injured worker was noted to have left greater than right occipital headaches. The physical examination revealed the cervical spine range of motion was abnormal in flexion, extension and rotation with limitation by 30%. Strength of the major muscles was noted to be 5/5. Deep tendon reflexes in the upper and lower extremities were symmetric; they were graded 2/4. Sensory examination and vibration was intact. The treatment plan included gait instability and balance problems associated with early myelopathy from stenosis at C3-4 and recommendation for C3-4 anterior discectomy and artificial disc replacement or fusion. The injured worker could not have epidural steroid injection due to a prior history of a stroke after a

previous epidural steroid injection. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review failed to indicate instability. Alignment was preserved and there was no spinal canal stenosis. Additionally, the request, as submitted, failed to indicate the level and laterality for the request. Given the above, the request for anterior instrumentation is not medically necessary. There were no objective findings upon examination to support the necessity for intervention.

Removal of anterior instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware implant removal (fixation).

Decision rationale: The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation expect in the case of broken hardware or persistent pain after ruling out other causes of pain, such as infection or nonunion. The clinical documentation submitted for review indicated the injured worker did not have nonunion. There was a lack of documentation indicating the injured worker had a necessity for removal of hardware. The request, as submitted failed to indicate the level and laterality for the request. Given the above, the request for removal of anterior instrumentation is not medically necessary.

Total disc arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Disc prosthesis.

Decision rationale: The Official Disability Guidelines indicate that total disc arthroplasty is under study. There should be documentation of injured workers who have failed at least 6 weeks of nonoperative treatment and present with pain and functional neurological deficits. They must have at least, per MRI or CT scan, herniated nucleus pulposus, spondylosis including the presence of osteophytes or the loss of disc height. The clinical documentation submitted for review failed to provide documentation of herniated nucleus pulposus, spondylosis or loss of disc height. The request, as submitted failed to indicate the level for the request. Given the above, the request for total disc arthroplasty is not medically necessary.

Arthrodesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review failed to provide documentation of indicate instability upon physical examination, as well as radiologic evaluation. The request, as submitted, failed to indicate the level for the arthrodesis. Given the above, the request for arthrodesis is not medically necessary.

Exploration of spinal 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, Neck and Upper Back Chapter

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review indicated the surgical intervention that was previously performed was preserved. There was a lack of documentation indicating the necessity for exploration of the fusion. Additionally, the request, as submitted failed to indicate the level for the exploration of spinal fusion. Given the above, the request for exploration of spinal fusion is not medically necessary.

Hospital stay: 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.

Surgery assistant: 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.