

Case Number:	CM15-0002214		
Date Assigned:	02/19/2015	Date of Injury:	11/25/2007
Decision Date:	04/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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: Oregon, California
 Certification(s)/Specialty: Neurological 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 an injury on 11/25/2007. The mechanism of injury was not provided. The injured worker was noted to undergo an MRI of the cervical spine on 03/10/2014, which revealed no compression or abnormal marrow signal. The injured worker had a small focus of increased signal at T5 likely representing a vertebral body hemangioma. At C5-6, there was a 2 to 3 mm diffuse disc bulge that extended to the foraminal location. On the left side along with uncovertebral joint hypertrophy, this contributed to left foraminal exit zone compromise. There was mild compromise noted on the right side. There was borderline central spine canal stenosis partly related to congenital narrowing. At C6-7, there was a 3 mm diffuse disc bulge, which effaced the ventral subarachnoid space without causing central spinal stenosis. There was no foraminal exit zone compromise. There was no significant facet joint hypertrophy. There was a Request for Authorization submitted for review dated 12/08/2014. The documentation of 12/04/2014 revealed the injured worker had neck pain that had continued. The fingers were noted to feel stiff and get stuck occasionally. The injured worker had diffuse numbness over the forearm and hand on the right hand, and a diffuse sense of weakness in the right upper extremity. It was painful to move. The medications included fentanyl 50 mcg and Norco 10/325 mg. The injured worker was noted to have an EMG which was reportedly negative. The physician documented he reviewed the records and there was an MRI that revealed a right sided osteophyte disc complex with impingement on the spinal cord and nerve roots. The injured worker had restricted range of motion of the neck. There was motor, sensory, or reflex deficit. There was severe tenderness over the right 3rd finger MP joint

that was suspicious for a trigger finger. There was tendovaginitis of the right 3rd finger. The diagnoses included cervical osteophyte disc complex with chronic right sided cervical radiculitis C5-7. The treatment plan included an authorization for a C5-7 fusion. Additionally, it was indicated the injured worker would need a cervical collar, preoperative lab work, a preoperative EKG. The injured worker was noted to have no associated comorbidities and was a nonsmoker. The injured worker would require postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Fusion at C5-6 and C6-7: 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 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. There is no necessity for electrophysiologic evidence as this was noted to be a fusion. There was a lack of documentation of instability upon imaging studies. The official MRI was not provided for review. The physical examination failed to include the injured worker had objective findings of instability. Given the above, the request for anterior cervical fusion at C5-6 and C6-7 is not medically necessary.

Anterior Cervical Fusion at C5-6 and C6-7 (additional interspace): 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 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. There is no necessity for electrophysiologic evidence as this was noted to be a fusion. There was a lack of documentation of instability upon imaging studies. The official MRI was not provided for review. The physical examination failed to include the injured worker had objective findings of instability. Given the above, the request for anterior cervical fusion at C5-6 and C6-7 (additional interspace) is not medically necessary.

Microsurgical Techniques: 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 Chapter.

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.

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 Chapter.

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.

Application of Intervertebral Biomechanical Device(s) (Qty:2): 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 Chapter.

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.

Associated Surgical Services: Fluoroscopy: 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.

Associated Surgical Services: Autograft: 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.

Associated Surgical Services: EKG: 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.

Associated Surgical Services: Continuous Intraoperative Neurophysiology Monitoring form outside the operating room (Qty: 3): 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.

Associated Surgical Services: 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.

Associated Surgical Services: Lab Work: 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.

Associated Surgical Services: Medical Clearance: 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.