MAXIMUS Federal Services

Case Number:	CM15-0019675		
Date Assigned:	02/09/2015	Date of Injury:	04/11/2014
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 45-year-old male who reported an injury on 04/11/2014 after a fall down a set of stairs. The injured worker reportedly sustained an injury to his cervical and lumbar spine. The injured worker's treatment history included medications, physical therapy, and the use of a cane. The injured worker's diagnoses included cervical herniated disc with bilateral upper extremity radiculopathy, lumbar myoligamentous injury with bilateral lower extremity radiculopathy, reactionary depression and anxiety, and medication induced gastritis. The injured worker was evaluated on 06/27/2014. It was noted due to significant psychological symptoms related to the injury, a psychological evaluation was recommended to identify if the injured worker was an appropriate candidate to participate in diagnostic surgical and other management procedures. The injured worker underwent an MRI of the cervical spine on 07/09/2014. It was documented that the injured worker had a disc protrusion at the C4-5, a disc protrusion at the C5-6 with indention on the thecal sac, a disc bulge at the C7-T1 with indention on the thecal sac and narrowing of the spinal canal and bilateral neural foraminal narrowing. The injured worker was evaluated on 12/05/2014. It was documented that the injured worker had intractable neck pain that had failed to respond to 3 months of physical therapy, 2 cervical epidural steroid injections, and 1 lumbar epidural steroid injection. Upon physical examination, it was documented that the injured worker had tenderness to palpation in the cervical region at the C7 level with increasing painful range of motion and a positive Spurling's test. It was noted that the injured worker had undergone x-rays at that time that apt that documented degenerative changes from the C7-T1. The injured worker’s treatment plan included an anterior cervical discectomy and fusion at the

C5-6 and C7-T1 levels. A Request for Authorization was submitted on 12/15/2014 to support the request. The request was reviewed and received a modified determination to include the C7-T1 surgery and exclude the C6-7 surgery. A Letter of Appeal was submitted on 01/21/2015. It was noted that the injured worker's disc protrusion at the C5-6 was creating a significant amount of intraforaminal impingement of the C6 nerve root that caused pain and numbness radiating into the thumb and index finger consistent with the C6 dermatomal distribution. It was requested that the injured worker undergo an anterior discectomy and fusion at the C5-6 and C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6, C7-T1 Anterior Cervical Discectomy, Fusion with Instrumentation: Upheld

Claims Administrator 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), Cervical Discectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: The requested C5-6, C7-T1 anterior cervical discectomy, fusion with instrumentation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery in the cervical spine when there is evidence of instability. The clinical documentation submitted for review does indicate that the injured worker has radicular symptoms consistent with the requested levels that is correlative of pathology identified on an imaging study and has failed to resolve with multiple conservative treatment modalities. However, the clinical documentation submitted for review does indicate that the injured worker was evaluated in 06/2014 and had significant depression symptoms. The American College of Occupational and Environmental Medicine recommends psychological clearance prior to spine surgery. As the injured worker has been diagnosed with depressive symptoms that may interfere with the intense recovery period following a multilevel cervical fusion, psychological clearance would be supported in this clinical situation. As such, the requested C5-6, C7-T1 anterior cervical discectomy, fusion with instrumentation is not medically necessary or appropriate.

Spinal Cord Monitoring: 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.