

Case Number:	CM15-0187536		
Date Assigned:	09/29/2015	Date of Injury:	10/13/2011
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/23/2015

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: New York, Montana
 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:

This is a 55-year-old female who sustained a work-related injury on 10-13-11. Medical record documentation on 7-16-15 revealed the injured worker was being treated for cervical discopathy. She reported constant severe pain in the cervical spine aggravated by repetitive motions of the neck. She had radiation of pain into the bilateral upper extremities associated with numbness and tingling. She rated her cervical spine pain an 8 on a 10-point scale. Objective findings included tenderness to palpation with spasm of the cervical paraspinal muscles. Her cervical spine range of motion was limited due to pain and she had a positive Spurling's maneuver. Her coordination was intact. She had pain and paresthesia about the sternoclavicular region at the C4-distribution. She had radicular pain, tingling and numbness into the anterolateral shoulder and arm, which correlated with C5 dermatomal pattern. Her deltoid and biceps strength was no greater than 3+ to 4-. She had a radicular pain pattern with numbness and tingling in the middle finger, which correlated with a C7 dermatomal pattern. An MRI of the cervical spine on 2-24-14 revealed reversal of the cervical lordosis in the upper cervical spine, 2 mm retrolisthesis at C4-C4, multilevel disc extrusion and nerve root compromise. A request for C3-C7 anterior cervical discectomy with implantation of hardware, inpatient stay two to three days, co-surgeon, medical clearance with internist, Minerva mini collar #1 and Miami J collar with thoracic extension #1 was received on 9-10-15. On 9-17-15, the Utilization Review physician determined C3-C7 anterior cervical discectomy with implantation of hardware, inpatient stay two to three days, co-surgeon, medical clearance with internist, Minerva mini collar #1 and Miami J collar with

thoracic extension #1 were not medically necessary due to California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C7 anterior discectomy with implantation of hardware, One total disc replacement, if possible - possibly two rigid fusions (one from C3 to C5 and second at C6-7): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Fusion, anterior cervical, Disc prosthesis.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Disc prosthesis.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Documentation does not provide this assurance. The ODG guidelines note that cervical disc prosthesis is under study. The occurrence of heterotopic ossification is a concern. The proposal to include the disc prosthesis with adjacent cervical fusions negates the proposition of disc replacement advocates that prevention of adjacent segment disease is a goal of the surgery. The requested treatment is not medically necessary and appropriate.

Associated surgical service: Inpatient stay (2-3 days): 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 service: Co-surgeon: 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 service: Medical clearance with internist: 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 service: Minerva mini collar #1 and Miami J Collar with thoracic extension #1, purchase: 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.