

Case Number:	CM15-0190567		
Date Assigned:	10/02/2015	Date of Injury:	10/20/2014
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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, Oregon, Washington
 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 34 year old male who sustained an industrial injury on October 20, 2014. A recent secondary treating office visit dated August 10, 2015 reported subjective complaint of "continued cervical pain and left arm pain." Secondary treating follow up dated June 22, 2015 reported subjective complaint of "cervical, levator scapulae, and severe debilitating left arm pain, numbness and tingling." There is note of administration of cervical epidural injection that noted "barely helped him 25% if that." And, "if anything the injection has made the levator scapulae and trapezial discomfort worse." The impression noted the worker with: C4-5 disc herniation with left upper extremity cervical radiculitis. The plan of care is with recommendation to pursue with observation and conservative treatment measures. He is recommended to undergo electrodiagnsotic nerve conduction study of left upper extremity. There is noted brief discussion of surgical intervention for an anterior cervical discectomy at C4-5. At orthopedic follow up dated April 2015 there was noted subjective complaint of "constant pain in the neck localized at the base of neck and radiates into the left shoulder." Treatment to include: activity modification, rest, observation for six months, physical therapy, massage therapy, trial of cervical acupuncture, medications and injection. On August 19, 2105 a request was made for pre-operative clearance and a cervical collar which were noted noncertified by Utilization Review on September 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Total Disc Arthroplasty vs Anterior Cervical Discectomy Fusion with PEEK Cages, Bone Graft Substitute, Iliac Crest Bone Marrow Aspiration with Anterior Plate Fixation: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation 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 section, disc prosthesis.

Decision rationale: CA MTUS/ACOEM is silent on issue of disc replacement. According to the ODG, Neck section, disc prosthesis, is under study. It is not recommended as there are no long-term studies noting ongoing response reported following disc replacement. In addition artificial disc replacement is indicated for single level disease which is present in the MRI report from 3/18/15. The guidelines do support the requested procedure. The request for cervical disc replacement of the cervical spine is medically necessary and appropriate.

Pre-op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Preoperative testing general.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 34 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore

the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Associated Surgical Service: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, cervical collars.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cervical collars. Per ODG, Neck section, cervical collars, post operative (fusion), "Not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the Braced and Nonbraced group. The SF-36 Physical Component Summary, NDI, neck, and arm pain scores were similar in both groups at all time intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologists reported higher rates of fusion in the non-braced group over all time intervals, but those were not statistically significant." As the guidelines do not support bracing postoperatively, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.