

Case Number:	CM15-0190962		
Date Assigned:	10/02/2015	Date of Injury:	10/09/2000
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
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: New York, Montana, 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 51 year old female, who sustained an industrial injury on 10-9-00. The injured worker was diagnosed as having chronic cervical strain; bilateral carpal tunnel syndrome without denervation with no radiculopathy. Treatment to date has included status post cervical spine C5-C7 surgery (2006); physical therapy; acupuncture; chiropractic therapy; status post cervical epidural steroid injection C7-T1; hand and wrist (last one on 6-5-15); medications. Diagnostics studies included X-ray cervical spine (4-1-15); EMG-NCV study upper extremities (4-16-15); MRI cervical spine (4-20-15). Currently, the PR-2 notes dated 8-25-15 indicated the injured worker was seen in this office an initial orthopedic 'second opinion' consultation. The provider documents "The patient was seen in this office for an initial evaluation on 4-1-15. Subsequently, she has undergone an MRI of the cervical spine and electrodiagnostic evaluation for neck and upper extremities. She underwent a cervical epidural block at C7-T1 [6-5-15] which did not provide her with any significant benefit. The patient reports she currently has moderately severe neck and left anterior chest wall pain with some radiation into her upper extremities and an inability to use her upper extremities for purposeful activities for more than a couple of minutes at a time." The provider notes the injured worker reports pain in the neck as constant varying in intensity; radiating down both arms, more on the right and awakened several times a night due to pain and numbness in hands. She reports pain getting dressed, putting on bra, drying hair, doing housework, driving and sleeping through the night. There is numbness in both hands and she reports "nerve bolts of pain throughout the body". The provider notes she last worked 3-13-15. The provider notes she has had cervical spine surgery in 2006 and low back surgeries x3.

He lists her medications as Tramadol and Soma. On physical examination, the provider documents: "Gait and station are within normal limits. Range of cervical spine motion reveals flexion to be 3-finger breadths from chin to chest with extension being 0. Right lateral rotations is 50-left lateral is 25. Right lateral tilt and left is 10. Shoulders are level, motions are full. No paracervical spasm is detected. Palpation of the cervical spine and paracervical musculature reveals midline tenderness from C1 to C5. There is lateral tenderness bilaterally from C5 to T1, over the medial border of the right scapula and over the trapezil bilaterally. Head compression testing in the midline position is productive of right trapezial pain. Testing in the left posterolateral position does produce pain left trapezial pain as well as testing the right. Luschka's test is bilaterally negative. Thoracic outlet tests are negative. Neurologic examination of the upper extremities reveals no motor weakness or muscle atrophy. Sensory examination reveals diminished sensation to pinprick in the entire right arm. Reflex testing demonstrated biceps reflexes are 2 bilaterally; triceps reflexes are zero on the right and 1 on the left; periosteal radialis reflexes are 2 bilaterally." The provider discusses diagnostic study findings noted as "imaging studies demonstrate post-surgical changes at C5-6, C6-7 with solid fusion at both levels and moderate central herniation at C4-5 with some disc bulging at C3-4." He agrees with the surgeon per his second opinion consultation examination on this date, that she is a candidate for further surgery as described. The surgeon is recommending an ACDF at C3-4 and C4-5 with removal of current plate and placing stand-alone devices, although there was concern regarding physical examination on 8-3-15 of thoracic outlet syndrome. This has since been ruled out per diagnostic studies and this second opinion exam. A Request for Authorization is dated 9-17-15. A Utilization Review letter is dated 9-4-15 and non-certification for an anterior cervical discectomy, decompression and instrumentated fusion, allograft, synthetic graft, bone marrow aspiration, and iliac crest bone graft at C3-4, C4-5 and removal of hardware C5-6, C6-7 and associated services. A request for authorization has been received for an anterior cervical discectomy, decompression and instrumentated fusion, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft at C3-4, C4-5 and removal of hardware C5-6, C6-7 and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy, decompression and instrumentated fusion, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft at C3-4, C4-5 and removal of hardware C5-6, 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.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

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 is not supplied which provides 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. The requested treatment: Anterior cervical discectomy, decompression and instrumented fusion, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft at C3-4, C4-5 and removal of hardware C5-6, C6-7 is not medically necessary and appropriate.

Assistant 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Two days inpatient 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Aqua therapy post op 2 times a week for 4 weeks: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Physical therapy 2 times per week for 4 weeks post op: 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: The Expert Reviewer did not cite any medical evidence for its decision.

Bone stimulator: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op medical clearance blood 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op EXG: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op CXR: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.