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| Case Number: | CM15-0192471 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 04/29/1996 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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 50 year old female who sustained an industrial injury April 29, 1996. Past history included cervical fusion 1996 and 2000. On September 8, 2015, the injured worker underwent a left hemi-epidural space lumbar epidurogram, L5-S1, injection of lumbar epidural steroid and local anesthetic left S1 neural foramen, right epidurogram, right hemi-epidural space L5-S1 and injection of epidural steroid and local anesthetic right S1 neural foramen. According to an established patient evaluation dated August 10, 2015, the injured worker has persistent neck pain with headache with minimal neck range of motion and weak left triceps, left wrist extensors and left thumb extensors. The physician documented the injured workers instability problem due to adjacent segment disc disease above a prior fusion with progressive radiculopathy. The physician documented an overview of a cervical spine CT dated May 12, 2015 and cervical x-rays dated April 29, 2015. According to a certified physician's assistant progress notes dated August 31, 2015, the injured worker presented with continued low back pain with radicular symptoms primarily into the left lower extremity, occurring posteriorly as numbness and tingling that extends into the sole of her left foot. She also reported right great toe numbness. The pain is worse with extended periods of walking. She continues to use a TENS (transcutaneous electrical nerve stimulation) unit. According to the physician's assistants documentation surgery of the cervical spine previously denied August 10, 2015 is being re-requested. Current medication included Kadian and Norco. Objective findings included; gait is antalgic, normal lordosis, and normal lumbar range of motion, sensation decreased in dermatomes left L5, left S1 spasm and guarding noted. Diagnoses are chronic pain not otherwise

specified post cervical laminectomy fusion syndrome; neck pain; spasm muscle. At issue is the request for C4-5 Anterior Discectomy and Fusion with stand-alone cage or possible removal C5-6 plate, C4-5 anterior fusion and C4-C6 plate, 2-3 day inpatient stay, orthopedic assistant surgeon, and pre-operative history and physical, specialty not specified. According to utilization review dated September 23, 2015, the requests for C4-5 Anterior Discectomy and Fusion with stand-alone cage or possible removal C5-6 plate, C4-5 anterior fusion and C4-C6 plate, 2-3 day inpatient stay, orthopedic assistant surgeon, and pre-operative history and physical, specialty not specified are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 Anterior Discectomy & Fusion with Stand alone cage or possible removal C5-C6 plate, C4-C5 Anterior fusion & C4-C6 plate: Upheld

Claims Administrator 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 and upper back - Fusion, anterior cervical.

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. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not provide this evidence. It does state that on examination, the patient discloses minimal neck rotation which does not correlate with the requested procedure. Psychological evaluation is not referenced. 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: C4-C5 Anterior Discectomy & Fusion with Stand-alone cage or possible removal C5-C6 plate, C4-C5 Anterior fusion & C4-C6 plate is not medically necessary and appropriate.

Associated surgical service: 2-3 day in patient 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.

Associated surgical service: Orthopedic 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.

Pre-op History & Physical specialty not specified: 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.