

Case Number:	CM15-0204658		
Date Assigned:	10/21/2015	Date of Injury:	11/24/2014
Decision Date:	12/07/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/19/2015

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 46 year old male who sustained an industrial injury on 11-24-14. A review of the medical records indicates he is undergoing treatment for cervical and lumbar discopathy, cervicgia, and carpal tunnel-double crush syndrome. Medical records (7-20-15, 9-2-15) indicate ongoing complaints of neck pain that radiates to bilateral upper extremities. The 9-2-15 record indicates the radiating pain affects the right side greater than the left side. It is associated with numbness and tingling of the upper extremities. He rates the pain "8 out of 10" on 9-2-15, which is increased from "3 out of 10" with medications and "7 out of 10" without medications on 7-20-15. He also complains of low back pain that radiates to bilateral lower extremities with associated numbness and tingling. He rates the pain "8 out of 10." The treating provider indicates on 9-2-15 that the injured worker has associated headaches and "tension between the shoulder blades." The physical exam (9-2-15) reveals tenderness and spasm in the cervical paravertebral muscles on palpation. Axial loading compression test is positive. Spurling's maneuver is positive. Range of motion is limited with pain. Tingling and numbness is noted "into the anterolateral shoulder and arm, lateral forearm and hand, greatest over the thumb, and in the middle finger, which correlates with a C5, C6, and C7 pattern." The treating provider also indicates "radicular pain into the supraclavicular region which is consistent with a C4 distribution." The lumbar exam reveals tenderness and spasm on palpation of the paravertebral muscle. Range of motion is noted to be "guarded and restricted." Tingling and numbness in the lateral thigh, anterolateral and posterior leg, as well as the foot is noted. The treating provider indicates this is "consistent with an L5-S1 dermatomal pattern." Diagnostic studies have included

an MRI of the cervical spine. An MRI of the lumbar spine, as well as an EMG-NCV study of bilateral lower extremities was also completed. Treatment has included medications and epidural injections. The treatment recommendation is for C4-C7, possibly C3-C4 anterior cervical discectomy with implantation of hardware, iliac crest aspiration and harvesting. The utilization review (9-17-15) includes a request for authorization of the above-noted treatment recommendation with associated surgical services. The request was modified to C3-C4 anterior cervical discectomy with implantation of hardware, iliac crest aspiration and harvesting only with a 1-day inpatient stay and no co-surgeon. The remainder of the associated surgical services were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7, possibly C3-C4 anterior cervical discectomy with implantation of hardware, iliac crest aspiration and harvesting: 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 - Decompression, myelopathy.

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. 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. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. However, long term efficacy of fusion with disc prosthesis implantation has yet to be proven. Documentation does not provide evidence of instability. The provider offers opinions regarding his novel approach but no long term controlled peer reviewed analysis of his patient population. The ODG guidelines note that the disc prosthesis in the cervical spine is under study. The FDA approval was for single level spondylosis, not in a population of patients who had other multilevel interventions in which the patient also had a single level prosthesis placement. The requested treatment: C4-C7, possibly C3-C4 anterior cervical discectomy with implantation of hardware, iliac crest aspiration and harvesting 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Minerva mini collar, #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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

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

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

Associated Surgical Service: Medical clearance: 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: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.