

Case Number:	CM15-0205961		
Date Assigned:	10/23/2015	Date of Injury:	01/10/2013
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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 female, who sustained an industrial injury on 01-10-2013. A review of the medical records indicates that the worker is undergoing treatment for cervical spondylosis status post C6-C7 anterior cervical discectomy and fusion. The medical documentation submitted is minimal. A progress note dated 01-20-2015 noted that the worker was status post C6-C7 anterior cervical discectomy and fusion and that neck pain had increased since surgery. Pain was rated 7-8 out of 10. Objective findings revealed decreased left wrist flexor and left hand motor strength, diffuse posterior cervical tenderness to palpation and diminished pinprick sensation on the left in the C6-C7 dermatomes. The physician noted the possibility of pseudoarthrosis or adjacent segment symptomatology and ordered flexion-extension x-ray and MRI of the cervical spine. X-ray of the cervical spine with flexion and extension dated 01-20-2015 showed anterior cervical discectomy and fusion changes at C6-C7, minor grade 1 retrolisthesis of C4 on C5 of 1.5 mm in extension reducing on flexion and moderate degenerative changes. MRI of the cervical spine on 01-27-2015 showed disc desiccation in the remaining cervical levels without change in disc height, partial constriction of the thecal sac at the C4-C5 and C5-C6 level, flattening of the ventral cord, central canal stenosis and moderate neural foraminal stenosis, left greater than right with slightly more prominent disc osteophyte complex at C4-C5. Subjective complaints (02-13-2015) included continued significant neck pain with numbness in the left 2nd and 3rd digits. Objective findings revealed reduced range of motion of the neck, flexion and extension of 30% of normal, pain radiating into the left shoulder and difficulty lifting the left arm at the shoulder with pain radiating up into the neck. The physician's diagnostic impression was cervical disc disease with possible

recurrent radiculopathy. The plan of care included pain medications. There were no other physical examination findings or physician progress notes submitted after this date. Treatment has included Norco, Ibuprofen and surgery. A utilization review dated 09-28-2015 non-certified requests for redo anterior cervical discectomy and fusion at C6-C7, anterior cervical discectomy and fusion at C5-C6, total disc arthroplasty at C4-C5, assistant surgeon, inpatient stay (2 days), pre-operative evaluation with a surgeon, pre-operative medical clearance, electrocardiogram and chest-x-ray and pre-operative labs including CBC with platelets, Chem 12, PT-PTT and urinalysis with and without micro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Redo Anterior Cervical Discectomy and Fusion at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Neck & Upper Back Chapter.

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 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 explain the rationale for redo surgery. The requested treatment: Redo Anterior Cervical Discectomy and Fusion at C6-C7 is not medically necessary and appropriate.

Anterior Cervical Discectomy and Fusion at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Neck & Upper Back Chapter.

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 does not provide this evidence. The guidelines note

the patient would have failed a trial of conservative therapy. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Considering the failure of the first operation to give relief of symptoms there is no assurance a second operation will have a better outcome. The requested treatment: Anterior Cervical Discectomy and Fusion at C5-C6 is not medically necessary and appropriate.

Total Disc Arthroplasty at C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Disc Prosthesis.

Decision rationale: The ODG guidelines indicate that the disc prosthesis (disc arthroplasty) is under study. The FDA approval was granted under the proviso of a single level implantation to discern if adjacent segment disease would be thwarted. In this case the patient is proposed to have adjacent cervical fusions which would contradict the implantation of the disc prosthesis. The requested treatment: Total Disc Arthroplasty at C4-C5 is not medically necessary and appropriate.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Low Back Chapter, Surgical Assistant.

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: Inpatient Stay (2-days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hospital Length of Stay (LOS) Guidelines.

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.

Pre-Operative Evaluation with a Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, 2004, Chapter 7 - Independent Medical Examinations and Consultations.

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.

Pre-Operative Lab: CBC with Platelets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Low Back Chapter, Preoperative testing, general.

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.

Pre-Operative Lab: Chem 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Low Back Chapter, Preoperative testing, general.

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.

Pre-Operative Lab: PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. *CharFormat Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Low Back Chapter, Preoperative testing, general.

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.

Pre-Operative Lab: Urinalysis with and without Micro: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Low Back Chapter, Preoperative testing, general.

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.

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Low Back Chapter, Preoperative testing, general.

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.

Pre-Operative Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Low Back Chapter, Preoperative electrocardiogram (ECG).

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.

Pre-Operative Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition (2015), Pulmonary Chapter, X-Ray.

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.