

Case Number:	CM15-0022742		
Date Assigned:	02/12/2015	Date of Injury:	06/30/2011
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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: Illinois, California, Texas
 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 54-year-old male, who sustained an industrial injury on 6/30/11, relative to a motor vehicle accident. Past surgical history was positive for C5/6 fusion. The 7/1/14 cervical spine MRI documented a solid fusion at C5/6 interspace. There was transitional spondylosis at C4/5 with broad based spur complex and bilateral uncovertebral joint hypertrophy causing mild to moderate central canal stenosis without cord compression, and severe right and moderate left neural foraminal narrowing (unchanged from 5/20/2013). There were broad-based disc complexes at C3/4 and C6/7 with bilateral uncovertebral joint hypertrophy and mild to moderate bilateral neuroforaminal narrowing. The 12/4/14 treating physician report cited neck pain and spasms. Physical exam documented bilateral trapezius tightness, C3-C6 tenderness, 5/5 upper extremity strength, 4/5 finger and grip strength on the right, and positive right Phalen's. Medications included gabapentin and Norco. The diagnoses included brachial neuritis/radiculitis and displacement of cervical intervertebral disc without myelopathy. On 1/12/15, Utilization Review non-certified a request for C4/5 anterior cervical discectomy, decompression and disc replacement, assistant surgeon, pre-operative labs (complete blood count, chemistry panel, urine), and electrocardiogram, noting the lack of compliance with MTUS Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 Anterior Cervical Discectomy, Decompression and Disc replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and upper back chapter; Anterior Cervical Fusion, Discectomy-laminectomy-laminoplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Neck and Upper Back, Discectomy/Laminectomy, Disc prosthesis

Decision rationale: The California MTUS guidelines provide a general recommendation for cervical decompression, including consideration of pre-surgical psychological screening. The MTUS is silent regarding artificial disc replacement. The Official Disability Guidelines (ODG) recommend cervical decompression surgery if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. The ODG indicate that disc prostheses are under study. Additional studies are required to allow for a "recommended" status. The general indications for currently approved cervical-ADR devices (based on protocols of randomized-controlled trials) are for patients with intractable symptomatic single-level cervical degenerative disc disease who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. Guideline criteria have not been met. There is limited guideline support for the use of cervical ADR with additional studies required to allow for a recommended status. This patient presents with multilevel cervical degenerative disc disease, including adjacent segment fusion, which fails to meet the criteria of single level disease. Therefore, this request is not medically necessary.

associated surgical service: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

associated surgical service: Pre OP lab, CBC, Chem panel, urine drug screen: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

associated surgical service: EKG: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.