

Case Number:	CM15-0035207		
Date Assigned:	03/03/2015	Date of Injury:	09/26/2012
Decision Date:	05/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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: Oregon, 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 41-year-old female who reported an injury on 09/26/2012. There was a Request for Authorization submitted for review, dated 03/03/2015. The mechanism of injury was the injured worker was lifting a large pot and had to walk a short distance, and as soon as she lifted the pot, she felt pain in her back. The documentation of 01/27/2015 revealed the injured worker had burning pain in her shoulders and numbness and tingling in her arms. The neck pain was very sharp. The injured worker utilized therapy, which was noted to help a little bit. The injured worker had 1 injection, which did not help. The injured worker's medications included Celebrex 200 mg 1 daily, Norco 10/325 mg, Topamax 50 mg, and Zohydro ER 20 mg. The injured worker was noted to be a smoker. Physical examination revealed tenderness at C6 that was moderate and at C7 that was moderate. The injured worker had muscle tenderness bilaterally in an asymmetrical distribution on the right and on the right was diffusely mild and on the left was moderate. The injured worker had muscle spasms bilaterally in an asymmetrical distribution in the right upper trapezius that was mild and in the left upper trapezius that were moderate. The neurological examination revealed hypoesthesia in a C7 distribution on the left and on the right. The injured worker had hypoesthesia in C8 on the left. The injured worker underwent 4 view x-rays of the cervical spine on 01/27/2015, which revealed mild degenerative disease. The injured worker was noted to undergo an MRI of the cervical spine on 12/12/2013, which revealed at C6-7, there was moderate left lateral disc protrusion with mild to moderate left lateral central spinal canal stenosis and left ventral lateral cord effacement. The diagnoses included degeneration cervical IV disc and displaced cervical intervertebral disc. The

documentation indicated the injured worker had been counseled to stop smoking. The recommendation was for an anterior discectomy and disc replacement at C6-7. The subsequent documentation of 03/03/2015 revealed the injured worker was feeling the same. The physical examination remained the same. Neurologically, the injured worker remained the same. The injured worker had a positive Lhermitte's to the left with lateral rotation of the neck and the Spurling's maneuver was positive with reproduction of pain into the left upper extremity. The head compression test on the left was positive. The recommendation again was for a cervical discectomy and disc replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Discectomy and Disc Replacement C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Disc prosthesis.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. They do not address disc replacement. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that Cervical Disc replacement is under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine. 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 DDD who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. At least one of the following conditions should be confirmed by imaging (CT, MRI, X-ray): (1) herniated nucleus pulposus; (2) spondylosis (defined by the presence of osteophytes); & (3) loss of disc height. (Dettori, 2008) At the current time radiculopathy is an exclusion criteria for the FDA studies on lumbar disc replacement, whereas cervical radiculopathy is an inclusion criteria for the FDA investigations of cervical arthroplasties. There was a lack of documentation of electrodiagnostic studies. The official MRI was not provided for review. The injured worker was noted to undergo x-rays, which revealed mild degenerative disease. There were objective findings on physical examination revealed the injured worker. However, there was a lack of documentation indicating the injured worker had spondylosis, herniated nucleus pulposus, or loss of disc height per MRI, CT, or x-ray as the official report was not provided. There was a lack of documentation of electrophysiologic studies. Given the above, the request for anterior discectomy and disc replacement C6-7 is not medically necessary.

Associated surgical service: 1 day admit: 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.

1 pre-op labs (CBC, CHEM, U/A, PT/PTT, EKG, 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Unknown Pre-op evaluation: 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: 1 Soft Cervical Collar: 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.

12 post-op Physical Therapy Visits: 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.