MAXIMUS Federal Services

Case Number:	CM15-0087267		
Date Assigned:	05/11/2015	Date of Injury:	03/15/2005
Decision Date:	06/11/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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: New York
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 55 year old female with an initial industrial injury dated 08/21/1999. Other dates of injury during her employment with the sheriff's department included: 08/26/2004, cumulative trauma 01/01/00-03/15/05, 11/04/2009 and cumulative trauma 01/01/00-/12/31/2004. Her diagnoses included cervical discopathy, status post lumbar 4-5 posterior lumbar interbody fusion, status post removal of lumbar spinal hardware, status post right knee arthroscopy with debridement, left knee medial meniscus tear and chondromalacia of patella and rule out internal derangement left ankle. Prior treatment included "numerous" sessions of physical therapy as well as approximately "10 lumbar injections" which were not beneficial." "She is not a candidate for further consideration of these injections to her cervical spine." She received treatment for other injuries including ankle surgery and bilateral lumbar facet block. She presented on 03/23/2015 with increasing pain in her neck associated with progressive neurologic deficits with the concrete pathology noted in the cervical spine. Cervical spine pain is described as constant, sharp and severe and radiates into the upper extremities with associated headaches. The injured worker's pain is documented as worsening and is rated as 8 on a scale of 1-10. She also complained of low back pain, right and left knee pain and left ankle and foot pain. Cervical spine exam revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver was positive. Range of motion was limited with pain. There was tingling and numbness into the lateral forearm and hand, decreased strength in biceps, triceps, wrist flexors, finger extensors and cervical 6-7 innervated muscles. Triceps reflexes are asymmetric and absent on the left and trace on right. The provider documents cervical spine x-rays revealed significant spondylosis

from cervical 4-7 with junctional kyphotic deformity and listhesis throughout. MRI of cervical spine is documented as showing significant disc height collapse from cervical 3-7 with dehydration and compromise on the exiting nerve roots. The posterior disc protrusions are asymmetric to the anterior protrusions from cervical 3-7 confirming a degree of instability. The provider documents there are left greater than right radiculopathy that is present. The provider documents the injured worker understood the risks that accompanied surgery but could no longer tolerate her symptoms and wished to proceed. Treatment plan included a request for cervical 3-thorough cervical 7 cervical discectomy with implantation of hardware; associated surgical services and post-operative treatment of include durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-7 Anterior Cervical Discectomy w/ implantation of hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-169 and 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-81.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. 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 evidence of this correlating a three level discectomy with objective findings of progressive neurological compromise. 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 provide such efficacy. The provider's lengthy letter describing his disk replacement does not correlate that with literature where a simultaneous two level fusion inferior to the placement takes place. The requested treatment: C3-7 Anterior Cervical Discectomy with implantation of hardware is NOT medically necessary and appropriate.

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

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

Associated surgical service: Purchase of Minerva Mini Collar QTY: 1.00: 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: Purchase Miami J Collar with thoracic extension: 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: Purchase of Bone Stimulator: 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.

Pre-op 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.