

Case Number:	CM14-0160530		
Date Assigned:	10/06/2014	Date of Injury:	06/03/2011
Decision Date:	10/30/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery (Spine Fellowship) and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old female with a 6/3/11 date of injury, and cervical decompression/fusion on 4/24/12. At the time (9/22/14) of request for authorization for removal of cervical plates and screws C5-6 Qty: 1.00, removal of cervical plates and screws C6-7 Qty: 1.00, disc replacement C4-5 Qty: 1.00, inpatient stay (days) Qty: 5.00, pre-operative office visit with internist Qty: 1.00, assistant surgeon Qty: 1.00, and cervical brace Qty: 1.00, there is documentation of subjective (neck pain radiating down the arm) and objective (not specified) findings, imaging findings (cervical spine x-rays (1/23/14) report revealed stable fusion of the spine, C5-C7, in anatomical alignment. CT cervical spine (7/29/14) report revealed status post C4-5 diskography, right paracentral grade V annular tear with visible mild contrast leakage beyond the annulus extending across the disk level and up through the C3-4 disk level in the ventral epidural space, left paracentral grade IV/V annular tear, mild bilateral neural foraminal stenosis, and small superimposed disk bulge with mild spinal canal stenosis), current diagnoses (cervical spinal central stenosis, status post C5-7 anterior fusion, and failed cervical surgery), and treatment to date (physical therapy, epidural injection, and medications). Regarding disc replacement C4-5, there is no documentation of intractable symptomatic single-level cervical DDD, functional/ neurological deficit, and at least one of the following conditions confirmed by imaging (CT, MRI, X-ray) (herniated nucleus pulposus; spondylosis (defined by the presence of osteophytes); or loss of disc height).

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of cervical plates and screws C5-6 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 med necessary, none of the associated services are medically necessary.

Removal of cervical plates and screws C6-7 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 med necessary, none of the associated services are medically necessary.

Disc replacement C4-5 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: MTUS reference to ACOEM guidelines identifies that surgical consultation/intervention is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. ODG identifies documentation intractable symptomatic single-level cervical DDD, failure of at least six weeks of non-operative treatment, arm pain and functional/ neurological deficit, and at least one of the following conditions confirmed by imaging (CT, MRI, X-ray) (herniated nucleus pulposus; spondylosis (defined by the presence of osteophytes); or loss of disc height), as criteria necessary to support the medical necessity of cervical disc replacement. Within the medical information available for review, there is documentation of diagnoses of cervical spinal central stenosis, status post C5-7 anterior fusion, and failed cervical surgery. In addition, there is documentation of failure of at least six weeks of non-operative treatment, and arm pain. However, there is no documentation of intractable symptomatic single-level cervical DDD and functional/ neurological deficit. In addition, despite documentation of imaging findings (status

post C4-5 diskography, right paracentral grade V annular tear with visible mild contrast leakage beyond the annulus extending across the disk level and up through the C3-4 disk level in the ventral epidural space, left paracentral grade IV/V annular tear, mild bilateral neural foraminal stenosis, and small superimposed disk bulge with mild spinal canal stenosis), there is no (clear) documentation of at least one of the following conditions confirmed by imaging (CT, MRI, X-ray) (herniated nucleus pulposus; spondylosis (defined by the presence of osteophytes); or loss of disc height). Therefore, based on guidelines and a review of the evidence, the request for disc replacement C4-5 Qty: 1.00 is not medically necessary.

Inpatient stay (days) Qty: 5.00: 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 med necessary, none of the associated services are medically necessary.

Pre-operative office visit with internist 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 med necessary, none of the associated services are medically necessary.

Assistant surgeon 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 med necessary, none of the associated services are medically necessary.

Cervical brace 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 med necessary, none of the associated services are medically necessary.