

Case Number:	CM14-0170242		
Date Assigned:	10/20/2014	Date of Injury:	04/17/2002
Decision Date:	12/16/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 55-year-old male who reported an injury on 04/17/2002. The mechanism of injury was repetitive motion. The diagnoses included internal derangement of the knee, lumbago, cervicalgia, sprain of the hip and thigh. Previous treatments included 17 sessions of physical therapy, 5 epidural steroid injections to the cervical spine, acupuncture. Diagnostic testing included an electromyography (EMG)/nerve conduction velocity (NCV). Within the clinical note dated 09/02/2014, it was reported the injured worker complained of persistent radicular pain. He complained of cervical spine pain associated with chronic headaches that are migrainous. He rates his pain at 7/10 in severity. The physical exam revealed the injured worker had a positive Spurling's maneuver. There was paravertebral muscle tenderness with spasms. The range of motion was limited with pain. The injured worker had numbness and tingling in the lateral forearm and hand, greatest over the thumb, which correlates with C6 dermatome pattern. The provider requested the C5-6 anterior cervical discectomy with rigid fusion and realignment of junctional kyphotic deformity for subjective complaints. Additional requests include associated surgical services: bone stimulator; inpatient stay 2-3 days; assistant surgeon; cervical collar: Minerva Mini Collar # 1 and Miami J Collar with thoracic extension # 1, purchase; and medical clearance. The Request for Authorization was submitted and dated 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 anterior cervical discectomy with rigid fusion and realignment of junctional kyphotic deformity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

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, Discectomy-laminectomy-laminoplasty

Decision rationale: The request for a C5-C6 anterior cervical discectomy with rigid fusion and realignment of junctional kyphotic deformity is not medically necessary. The California MTUS/ACOEM Guidelines note surgical consideration is indicated for patients who have persistent, severe, or disabling shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been show; unresolved radicular symptoms after receiving conservative treatment. In addition, the Official Disability Guidelines note cervical discectomy is recommended when there is evidence of radicular pain and sensory symptoms in a cervical distribution that correlates with the involved cervical level or presence of a positive Spurling test. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. An abnormal imaging (CT/MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. There must be evidence that the injured worker has received and failed at least 6 to 8 weeks of conservative care. The clinical documentation submitted indicated limited range of motion of the cervical spine. There was a positive Spurling's found on the physical examination. The provider noted the injured worker had utilized physical therapy. However, there is lack of documentation of the length of physical examination as well as the efficacy. There is a lack of imaging studies which corroborate the diagnosis warranting the medical necessity for the request. Therefore, the request is not medically necessary.

Associated Surgical Services: Bone stimulator: 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) Neck and Upper Back Chapter and on the Aetna Clinical Policy Bulletins Number 0343, Bone Growth Stimulator

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, Discectomy-laminectomy-laminoplasty

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

Associated Surgical Services: Inpatient stay 2-3 days: 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) Hospital Length of Stay (LOS)

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, Discectomy-laminectomy-laminoplasty

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

Associated Surgical Services: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons

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, Discectomy-laminectomy-laminoplasty

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

Associated Surgical Services: cervical collar: Minerva Mini Collar # 1 and Miami J Collar with thoracic extension # 1, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

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, Discectomy-laminectomy-laminoplasty

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

Associated Surgical Services: 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 (ODG) Neck and Upper Back Chapter; Low Back Chapter

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, Discectomy-laminectomy-laminoplasty

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