

Case Number:	CM14-0182951		
Date Assigned:	11/07/2014	Date of Injury:	10/28/2013
Decision Date:	12/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/03/2014

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 Spine 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 52-year-old female who reported an injury on 10/28/2013 while getting drug totes from storage. They were improperly stacked and she tripped and fell, landing her weight on her right side; right hand was hyperextended in attempt to break the fall. The injured worker complained of neck pain that radiated to the upper back and shoulders. She rated her pain a 9/10 using the VAS. Prior surgeries included cervical surgery at the C4-5. Medications included tramadol and Ultracet. Prior treatments included chiropractic therapy, acupuncture, physical therapy, and medications. Medication was tramadol and gabapentin cream. The diagnostics included an MRI dated 01/10/2014 that revealed a solid fusion at the C5, C6, and C7 and superior degenerative disc disease at the C4-5 and C3-4 with spinal foraminal stenosis; it also revealed a normal cord signal intensity. The physical findings of the cervical spine dated 09/03/2014 revealed a well healed left transverse cervical incision from prior surgery. Negative for kyphosis, scoliosis and lordotic deformities. Mild tenderness to palpation; without muscle guarding or tenderness noted. Musculoskeletal system revealed normal gait and station; able to walk a toe heel walk, inverse foot walk, and tandem gait without difficulties; normal bulk and tone to all muscle groups with no evidence of atrophy or abnormal movements. All muscle groups were a 5/5 bilaterally with exception to the deltoids that was a 4+/5 on the right. The sensory examination revealed decreased pinprick sensation to the right C6 dermatomal distribution otherwise intact to light touch, pinprick and joint position sense throughout; did exhibit decreased pinprick sensation along the right C5, C6, C7 dermatomes. Reflexes were 2/4 bilaterally to the upper extremities. Tinel's sign that was positive on the right and a Phalen's sign that was positive to the right. Neurological revealed 5/5 bilaterally, the motor strength examination. Deep tendon reflexes were 2+. The treatment plan included a C4-5 partial

corpectomy with intervening C4-5 disc discectomy along with an anterior interbody fusion. Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 and C5 partial corpectomies with intervening C4-C5 discectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Corpectomy & stabilization, and Discectomy-laminectomy-laminoplasty

Decision rationale: The request for C4 and C5 partial corpectomy with intervening C4-C5 discectomy is not medically necessary. The Official Disability Guidelines recommend as indicated below. Corpectomy, an operation to remove a portion of the vertebra and adjacent intervertebral discs, is a common surgery used for decompression of the spinal cord for degenerative spondylosis disease (generally when myelopathy is present), as well as for treatment of ossification of the posterior longitudinal ligament, trauma, infection, and neoplastic conditions. Reconstruction is generally performed using a strut graft or prosthetic device, and may then be additionally stabilized with an internal fixation device. This procedure has been recommended when compression of the anterior epidural space is not localized to the level of the individual disc. Corpectomy is also recommended for correction of a fixed kyphotic deformity. The advantage of this approach is that the number of surfaces at which fusion is required is decreased, with the disadvantage being that the graft is under a mechanically more demanding environment. The Official Disability Guidelines also indicate for a discectomy that there is evidence of radicular pain and sensory symptoms in the cervical distribution that correlate with the involved cervical level or presence of positive Spurling's test. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. In abnormal imaging, study must show positive findings that correlate with the nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex, or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The blocks should produce pain in the abnormal nerve root and produce at least 75% pain relief of the duration of the local anesthetic. Etiology of pain such as metabolic resources, nonstructural neuropathies, and/or peripheral sources should be addressed prior to surgical procedures. There must be evidence that the patient has received and failed at least 6 to 8 week trial of cervical care. The documentation was not evident of any electrodiagnostic studies to correlate with the cervical level. The documentation had an MRI; however, the reviewer only received the last page of the MRI, not the entire MRI. Additionally, the objective findings for neurological deficits and instability were not conclusive. As such, the request is not medically necessary.

C4-C5 anterior interbody fusion with instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Fusion, anterior cervical

Decision rationale: The request for C4-C5 anterior interbody fusion with instrumentation is not medically necessary. The Official Disability Guidelines indicate that the criteria for anterior fusion include acute traumatic spinal injury resulting in cervical spinal instability, osteomyelitis resulting in vertebral body destruction; primary or metabolic bone tumor resulting in fractural instability or spinal cord compression. Cervical nerve root compression verified by diagnostic imaging and resulting in severe pain or profound weakness of the extremities. Spondylitis myelopathy based on clinical signs and/or symptoms such as clumsiness of the hands, urinary urgency, new onset bowel or bladder incontinence, frequent falls, hyporeflexia, Hoffman's sign, increased tone or spasticity loss of thenar or hypothenar eminence, gain in stability and/or pathologic Babinski sign, and imaging study demonstrating spinal cord decompression. Significant symptoms that correlate with physical examination findings and/or radiculopathy interpreted imaging report. Persistent or progressive radicular pain or weakness secondary to the nerve root compression. The documentation was not evident of instability by x-ray. The clinical documentation also did not indicate gait abnormality, or EMG/nerve conduction study. As such, the request is not medically necessary

Associated surgical services: Autograft harvest from separate site: 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 services: Intraoperative C-arm fluoroscopy: 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 services: Intraoperative diagnostic interpretation on cervical spine x-rays: 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 services: Two day inpatient stay: 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 services: ENT evaluation for laryngoscopy: 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 services: Pre-Op medical clearance (labs): 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 services: 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.

Associated surgical services: Chest X-Ray: 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 services: 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.

Associated surgical services: External bone stimulator and placement: 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.