

Case Number:	CM14-0099072		
Date Assigned:	09/16/2014	Date of Injury:	01/13/2013
Decision Date:	10/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/27/2014

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 Neurological Surgery 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 59-year-old male with a 1/13/13 date of injury. At the time (4/29/14) of request for authorization for Anterior Cervical Discectomy Fusion C6-7, Assistant Surgeon for Anterior Cervical Discectomy Fusion C6-7, Pre-Op Chest X-ray, One Day In-Patient Stay, and [REDACTED] Cervical Brace, there is documentation of subjective complaints of neck pain radiating to right upper extremity associated with numbness and weakness. Objective findings include decreased cervical range of motion, diminished perception of light touch of the right 3rd and 4th digits, and absent right triceps reflex. The imaging findings include MRI of the cervical spine (4/1/14) report revealed degenerative changes at the C6-C7 level, mild loss of disc height, endplate edema on both sides of the right side of the disc space, and a 2 mm broad-based posterior protrusion which is eccentric to the right causes mild narrowing of the proximal portion of the neural foramen. The current diagnoses are cervical spondylosis, cervical stenosis, and cervical disc displacement. Treatments to date include medications, physical therapy, and in-home traction. Regarding Anterior Cervical Discectomy Fusion C6-7, there is no documentation of an abnormal imaging (MRI) study with positive findings that correlate with nerve root involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy fusion C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Neck and Upper Back Complaints, page(s) 180 ODG Neck and Upper Back

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of 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, as criteria necessary to support the medical necessity of cervical decompression. Official Disability Guidelines (ODG) identifies documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures, evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis, cervical stenosis, and cervical disc displacement. In addition, there is documentation of failure of at least a 6-8 week trial of conservative care and evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level. However, despite documentation of imaging findings of degenerative changes at the C6-C7 level, mild loss of disc height, endplate edema on both sides of the right side of the disc space, and a 2 mm broad-based posterior protrusion which is eccentric to the right causes MILD narrowing of the proximal portion of the neural foramen, there is no documentation of an abnormal imaging (MRI) study with positive findings that correlate with nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request for anterior cervical discectomy fusion C6-7 is not medically necessary.

Assistant surgeon for anterior cervical discectomy fusion C6-7: 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 chest X-ray: 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): Preoperative Testing

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.

██████████ Cervical Brace: 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 & Upper back - Cervical Collars

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.

One day in-patient stay: 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 Chapter

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.