MAXIMUS Federal Services

Case Number:	CM14-0216014		
Date Assigned:	01/06/2015	Date of Injury:	01/25/2007
Decision Date:	03/04/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas
Certification(s)/Specialty: Orthopedic 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 60-year-old female who reported an injury on 01/25/2007. The mechanism of injury was not provided. Other therapies were noted to include medication, acupuncture, and home exercises. The injured worker underwent an MRI of the cervical spine on 08/04/2014, which revealed at C4-5 there was a 2.9 mm central disc extrusion with slight superior migration. There was effacement of the anterior CSF space and abutment of the ventral thecal sac. There was mild bilateral facet joint hypertrophy. There was moderate bilateral uncovertebral joint hypertrophy. There was mild central canal stenosis with AP diameter measuring 10.1 mm. There was a mild rightward neural foraminal narrowing. There was no leftward neural foramina narrowing. At C5-6, there was a 2.5 mm posterior disc/osteophyte complex partially effacing the anterior CSF space. There was mild bilateral facet joint hypertrophy. There was mild uncovertebral joint hypertrophy and mild central canal stenosis. There was mild bilateral neural foramina narrowing. There was degenerative disc disease and joint disease with spondylosis at C4-5 and C5-C6 with mild central canal stenosis at these levels. Ventral thecal sac impression was seen at C4-5. The physical examination of 08/27/2014 revealed the injured worker?s condition was unchanged from the last evaluation. On 07/16/2014, the injured worker had ongoing low back pain and neck pain. The injured worker indicated she needed neck surgery prior to her low back surgery, and that her family physician planned to proceed with a neck surgery first. The objective findings included muscle guarding in the cervical spine, and a bilateral Spurling's test. The injured worker was noted to have electrodiagnostics on 10/11/2012. Electrodiagnostics revealed right upper extremity distal

peripheral neuropathy without evidence of cervical radiculopathy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-C6 Partial Corpectomy, Anterior Cervical Discectomy and Arthrodesis, Bilateral Decompression of C4/C5 and C5/C6 Nerve Roots, and Autologous Bone Graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery - Discectomy/Laminectomy

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 Chapter, Corpectomy & stabilization

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The guidelines do not address corpectomy. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a corpectomy is a common surgery used for decompression of the spinal cord for degenerative spondylotic 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. There was a lack of documentation of an exhaustion of conservative care. Additionally, there was a lack of documentation of imaging findings and electrophysiologic evidence of radiculopathy. There was a lack of radiologic evidence indicating the injured worker had instability per flexion and extension studies at the requested levels. Given the above, the request for cervical spine surgery: bilateral C4-C6 partial corpectomy, anterior cervical discectomy C4/C5 and C5/C6, anterior arthrodesis C4/C5 and C5/C6 using globus cage with titanium screws, bilateral decompression of C4/C5 and C5/C6 nerve roots and autologous bone graft for C4/C5 and C5/C6 is not medically necessary.

Intraoperative X-rays of the cervical spine, three views: 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.