

Case Number:	CM14-0217286		
Date Assigned:	01/07/2015	Date of Injury:	04/01/1996
Decision Date:	03/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 injury on 04/01/1996. The documentation of 12/01/2014 revealed the injured worker had neck and arm pain. The mechanism of injury was not provided. The injured worker complained of hand tingling, numbness and neck pain. The injured worker had a history of a previous cervical fusion at C5-6. The injured worker was noted to not to smoke. The injured worker's previous medical history included asthma, thyroid disease and hypertension. The physical examination revealed left deltoid strength was 4/5. There was diminished perception of light touch in the left deltoid. The left biceps reflex was absent. There was moderate discomfort on palpation in the mid cervical spine. There was neck pain upon extension after 20 degrees. Diagnoses included cervical stenosis with radiculopathy and cervical disc displacement. The treatment plan included a C4-5 decompression and fusion with instrumentation and removal of the plating at C5-6. There was a Request for Authorization for exploration of C5-7 and anterior cervical discectomy and fusion C4-5. The CT of 03/24/2014 revealed at the level of C4-5, there was severe loss of disc height, resulting in a 2 mm retrolisthesis of C4 on C5 and a pseudobulge; there was bilateral uncovertebral hypertrophy present; there was moderate spinal canal stenosis and moderate left neural foraminal narrowing and mild right neural foraminal narrowing; there were endplate spurs projecting anteriorly; the facet joints were normal; at the level of C5-6, there were postsurgical changes from an anterior cervical discectomy and completely solid interbody fusion; the anterior plate and screws were noted. The bilateral C6 screws were angled inferiorly, such that they projected through the inferior endplate of C6 and into the C6 and C7 intervertebral disc; the

hardware was intact; the spinal canal and neural foramina were patent; the facet joints were normal; at C6-7 there was a moderate loss of disc height present; there was no disc herniation, spinal canal stenosis or neural foraminal narrowing identified; the facet joints were normal. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy fusion C4-C5, explore C5-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that surgical consideration is appropriate for injured workers who have persistent, severe and disabling shoulder or arm symptoms, activity limitation for more than 1 month or with the extreme progression of symptoms. There should be documentation of clear clinical, imaging and electrophysiologic consistently indicating the same lesion that has been shown to benefit in both the short and long term; or injured workers who have unresolved radicular symptoms after conservative treatment. Additionally, the efficacy of cervical fusion in injured workers with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review the injured worker had deltoid strength of 4/5 and that the biceps reflex was absent. However, there was a lack of documentation indicating a failure of conservative care. There was a lack of documentation indicating the injured worker had undergone flexion and extension studies to support the necessity for an anterior cervical discectomy fusion at all of the requested levels. There was a lack of documentation of exceptional factors. Given the above, the request for anterior cervical discectomy fusion C4-5, explore C5-7 is not medically necessary.

One-day inpatient 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 & Upper Back 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.

Surgical assistant (PA-C): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross and Blue Shield of North Carolina Corporate Medical Policy

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.

Aspens Vista cervical brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Neck & Upper Back 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.

Pre-operative X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI)

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.