MAXIMUS Federal Services

Case Number:	CM15-0179942		
Date Assigned:	09/29/2015	Date of Injury:	02/23/2015
Decision Date:	11/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/14/2015

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, Oregon, Washington
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 49-year-old female, who sustained an industrial injury on 2-23-15. The injured worker was diagnosed as having cervical disc herniation with spinal cord compression C5-C6; cervical neural foraminal stenosis; cervical degenerative disc disease. Treatment to date has included chiropractic therapy; medications. Diagnostics studies included MRI cervical spine (6-24-15). Currently, the PR-2 notes dated 8-4-15 indicated the injured worker was in this office as a referral to render an opinion on the diagnosis and management of her symptoms of severe neck pain radiation down her mid-back and down her arms. She reports she gets migraine headaches with increases of pain in her neck. In terms of severity, the provider documents "she rates her pain as 8 out of 10 on the visual analog pain scale." She reports the symptoms are made worse by anything, range of motion of her cervical spine, alleviated by ibuprofen and tramadol, Flexeril and associated with pain radiating down the bilateral arms and numbness in her fingertips. She reports difficulty with gait and clumsiness in the hands. She also reports difficulty sleeping due to pain in her legs and neck. She reports previous treatment has been chiropractic treatment with no significant relief. On physical examination, the provider documents: "Rhomberg is negative with normal heel-to-toe gait. Normal rapid alternating movements, sensation normal to light touch in all four extremities, deep tendon reflexes hyperreflexia and myelopathy. Positive Hoffmann's sign on the right; ankle clonus on the right." The provider also documents MRI findings of the cervical spine dated 6-24-15: "Severe C5-6 disc herniation with spinal cord compression and signal change, moderate C6-7 degenerative disc disease." This provider has recommended proceeding with surgery consisting of C5-6 and C6-7 disc

arthropathy. A PR-2 note dated 6-30-15 indicated the injured worker was an established patient and this was a follow-up visit. The provider documents "She states that the trauma involves her back of neck. The injury occurred 4 months ago. She characterizes the pain as constant, intermittent, moderate in severity, dull and achy. Nothing seems to relieve the pain." He reports abnormal findings on X-ray and MRI of the cervical spine and has requested a neurosurgical consult. On physical examination, the provider notes "Positive for limb pain (bilateral shoulder pain) and neck pain. Negative for back pain, joint stiffness and myalgia." He notes her current problems as shoulder girdle strain, cervical strain and generalized abdominal pain. His treatment plan has included Tramadol and Flexeril with work restrictions and a Neurosurgical consult. A Request for Authorization is dated 8-30-15. A Utilization Review letter is dated 8-12-15 and non-certification was for C5-C7 Total disc replacement; C5- C7 Anterior cervical discectomy and fusion and a 2-day inpatient stay. A request for authorization has been received for C5-C7 Total disc replacement; C5- C7 Anterior cervical discectomy and fusion and a 2-day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7 Total Disc Replacement: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, disc prosthesis.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on issue of disc replacement. According to the Official Disability Guidelines, disc prosthesis is under study. It is not recommended as there are no long-term studies noting ongoing response reported following disc replacement. In addition artificial disc replacement is indicated for single level disease, which is not present in the MRI report from 6/24/15. The guidelines do not support the requested procedure. The request for cervical disc replacement of the cervical spine is not medically necessary and appropriate.

C5-C7 Anterior Cervical Discectomy and Fusion: 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.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the CA MTUS/ACOEM Guidelines, surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms whom have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case, the exam notes from 6/30/15 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore, the determination is for non-certification.

Associated surgical service: 2-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.