

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/17/2013
Date of Injury:	2/19/2013
IMR Application Received:	5/29/2013
MAXIMUS Case Number:	CM13-0000506

- 1) MAXIMUS Federal Services, Inc. has determined the request for C5-6 disc replacement of the cervical spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/29/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for C5-6 disc replacement of the cervical spine **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 59 year-old male who reported an injury on 2/19/2013. An MRI of the cervical spine without contrast revealed an impression of anterior wedging of the T1 vertebral body, suggesting an old fracture, and degenerative disc disease and spondylosis between C4 and T1, causing severe foraminal stenosis, worse on the right, and mild canal stenosis. The clinical note dated 4/16/2013 reported that the patient fell from an extension ladder while trying to take ceiling material from the inside of a window. When he came down, he hit his arm on a television set and then fell onto the back of his head. He is reported to complain of right upper extremity pain and right neck pain at that point. He reported that the pain had calmed down to some degree, but he still had severe numbness and irritating numbness going down into his right arm. He reported that his pain was a 5/10 and made worse by extension and lifting heavy objects. On physical examination, the patient was noted to have not a lot of tenderness to palpation of his neck. Motor strength was normal in his bilateral upper extremities although he was a little tentative on the right-handed side. Sensation was decreased to the radial aspect of his arm and right hand in the thumb and index fingers. Deep tendon reflexes were a little bit elevated in his bilateral lower extremities with 2 to 3 beats of clonus on the right hand side and a somewhat hyperreflexic patellar tendon reflex with a mildly positive Hoffmann's sign off to the left hand side. An MRI showed some moderate to severe disc narrowing with annular bulge, a right posterolateral disc protrusion and hypertrophy causing severe bilateral foraminal stenosis, worse on the right, and mild canal stenosis. The patient was recommended for a surgical evaluation. The patient continued to complain of pain in his neck, tingling down his arm, weakness in the upper extremity and difficulty with prolonged or repetitive bending. On examination, the patient had tenderness at the paravertebral region, right greater than left, a positive Spurling's test on the right and positive tenderness at the right paracentral region with spasms. The patient was noted on 4/30/2013 to have been approved for an anterior cervical discectomy and fusion at C6-7 with a 2 day inpatient length of stay. A clinical note dated 5/30/2013 reported that the patient had painful and

limited range of motion of the cervical spine with tenderness to palpation over the right posterior cervical triangle and in the medial aspect of the scapula. The patient was noted to have slightly decreased sensation to light touch of the right thumb and index finger. On 5/13/2013, a request was submitted for a C5-6 disc replacement of the cervical spine which was non-certified on 5/17/2013. On 6/10/2013, the patient reported that he had been at the dentist getting his teeth cleaned with his head and back in extension and had to turn his head to one side and began to experience left lower extremity numbness. He also reported getting a warm spreading sensation throughout his thoracic spine when he was in that position for a long period of time. The patient was noted to continue to have decreased grip strength to his right hand side as well as decreased abduction strength in his right hand. His deep tendon reflexes to the bilateral lower extremities were normal. His sensation was grossly intact. He did have some decreased sensation of his right upper extremity on the dorsal aspect of his hand. On 7/16/2013, the patient was noted to have an episode of pain in his thoracic area, radiating to the front of his chest wall while he had his neck in prolonged hyperextension while he was at the dentist. He was also having increased neck pain, which he rated at a 7/10, radiating all the way down his right upper extremity, culminating in numbness of his pinkie and ring fingers. The patient was noted to continue to have decreased grip strength of the right hand side as well as decreased adduction in his right hand and decreased sensation in his right ring and pinkie fingers on the right hand side. The MRI of the cervical spine on 3/29/2013 noted moderate disc narrowing with an annular bulge, a right posterolateral disc protrusion and uncovertebral hypertrophy causing severe right foraminal and mild left foraminal stenosis but no central canal stenosis.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review (received 5/29/2013)
- Utilization Review Determination from [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for C5-6 disc replacement of the cervical spine :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pages 179-181, which are part of the California Medical Treatment Utilization Schedule (MTUS), and also cited the Official Disability Guidelines (ODG), Current Version, Upper Back Complaints, which are not part of the MTUS. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the ODG, Neck and Upper Back Chapter, Disc Prostheses section.

Rationale for the Decision:

Although the employee has ongoing neck symptoms with multilevel degenerative disease, the disc prosthesis does not enjoy sufficient support from treatment guidelines. Fusion has already been authorized at one level. The ODG states that disc prostheses are under study, but are not recommended, as there are no long-term studies noting ongoing response reported following disc replacement. The records provided for review indicate the employee has experienced ongoing radiation of pain down the right lower extremity and is and decreased sensation over the radial aspect of his right hand in the thumb and index fingers as well as the pinkie and ring fingers. The guideline does not support the requested procedure. The request for C5-6 disc replacement of the cervical spine **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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