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

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/11/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/7/2013
Date of Injury:	3/21/2012
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011285

1) MAXIMUS Federal Services, Inc. has determined the request for **appeal for C6-7 anterior cervical decompression and fusion and C5-6 prodisc-C total disc replacement as an inpatient procedure to be performed at a hospital is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **left carpal tunnel release to be performed at same time as the C/S surgery is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **assistant surgeon is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 **appeal for C6-7 anterior cervical decompression and fusion and C5-6 prodisc-C total disc replacement as an inpatient procedure to be performed at a hospital is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **left carpal tunnel release to be performed at the same time as the C/S surgery is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **assistant surgeon 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 Surgeon 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 52-year-old male who reported a work-related injury on 03/21/2012. The patient presents with cervical spine pain complaints, as well as bilateral carpal tunnel syndrome. MRI of the cervical spine dated 07/31/2012 signed by Dr. [redacted] documents mild to moderate multilevel spondylosis was present; at the C2-3 level, there was no significant posterior contour abnormality of the intervertebral disc noted. The neural foramina appear patent and the facets appear normal; at the C3-4 level, a broad shallow disc protrusion indents thecal sac and abuts the spinal cord; the neural foramina appear patent; at the C4-5 level, a broad shallow disc protrusion indents the thecal sac and abuts the spinal cord; the neural foramina appear patent; at the C5-6 level, another broad disc protrusion abuts the spinal cord; uncovertebral arthropathy minimally encroaches upon the left neural foramen; at the C6-7 level, a broad disc bulge was present; uncovertebral arthropathy moderately narrows the right neural foramen; at the C6-7 level, there was no significant posterior contour abnormality of the intervertebral disc noted; the neural foramina appear patent and the facets appear normal. Electrodiagnostic studies of the left upper extremity dated 12/20/2012 revealed the left ulnar neuropathy across the elbow and mild left carpal tunnel syndrome; there was no electrodiagnostic evidence of left C4-T1 radiculopathy. The clinical note dated

04/11/2013 reports follow-up of the patient's treatment with primary care provider, Dr. [redacted] for the patient's injuries. The provider documents the patient has significant midline and left paracervical and trapezial upper spinal cervical pain and bilateral upper extremities numbness, tingling, and radicular complaints. The provider documents the symptoms have been more problematic to the right hand, with the patient reporting his right hand locks up although the patient already has demonstrated left cubital and left carpal tunnel syndrome via electrodiagnostics. The provider documents the patient is requesting surgical interventions to the cervical spine. Upon physical exam of the patient, trace weakness to the left biceps and bilateral C6 and C7 hypoesthesia was reported. The patient had positive Tinel's at both carpal tunnels slightly lesser only at the left cubital tunnel. The provider recommended total disc replacement at C5-6 and anterior cervical discectomy and fusion at C6-7 as the patient failed with epidural steroid injection, extensive conservative treatment, and is unable to return to work. In addition, the provider recommended unilateral carpal tunnel release at the same time for the patient.

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:

[redacted]

1) **Regarding the request for appeal for C6-7 anterior cervical decompression and fusion and C5-6 prodisc-C total disc replacement as an inpatient procedure to be performed at a hospital:**

   <u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision</u>
   The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5), which is part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines

   The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pgs 179-180, which is part of the MTUS. The Expert Reviewer also cited the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, which is not part of the MTUS.

Rationale for the Decision:
The MTUS/ACOEM Guidelines indicate that surgical considerations are supported for patients who present with "severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy." The Official Disability Guidelines indicate, "The general indications for currently approved cervical ADR devices based on protocols of randomized controlled trials are for patients with intractable symptomatic single level cervical degenerative disc disease who have failed at least 6 weeks of non-operative treatment and present with arm pain and functional/neurological deficits." The medical records provided for review indicate that the patient objectively presents with bilateral C7 hypoesthesia and diminished left biceps and brachial radialis reflexes that do not correlate with the imaging findings per the MRI of the cervical spine dated 07/31/2012. The medical records also indicate that the employee presented with multilevel pathology of the cervical spine, and the employee presented with bilateral carpal tunnel syndrome, objective findings, and symptomatology. **The request for appeal for C6-7 anterior cervical decompression and fusion and C5-6 prodisc-C total disc replacement as an inpatient procedure to be performed at a hospital is not medically necessary and appropriate.**

2) **Regarding the request for left carpal tunnel release to be performed at same time as the C/S surgery:**

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 Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 11, pages 265 and 270, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg 270, which is part of the MTUS.

Rationale for the Decision:
The MTUS/ACOEM Guidelines indicate, "Patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. Patients with the mildest symptoms display the poorest post-surgery results." The medical records provided for review do not show evidence of the employee's course of treatment since having been diagnosed via electrodiagnostic study with left carpal tunnel syndrome, as well as left cubital tunnel syndrome. The medical records also do not show evidence that the employee used bracing, injection therapy, or other lower levels of conservative treatment specific to other carpal tunnel diagnoses. **The request for left carpal tunnel release to be performed at same time as the C/S surgery is not medically necessary and appropriate.**

3) **Regarding the request for assistant surgeon:**

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

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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,

Paul Manchester, MD, MPH
Medical Director

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

/sh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.