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**Notice of Independent Medical Review Determination**

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/2/2013  
Date of Injury: 1/4/2003  
IMR Application Received: 7/15/2013  
MAXIMUS Case Number: CM13-0001420

- 1) MAXIMUS Federal Services, Inc. has determined the request for Inpatient Surgery Removal of Anterior Plate Screw Fixation/Inspection of Fusion C5-7, Repeat Anterior Plate Screw Fixation with a Shorter Plate C5-7, Anterior C4-5 Discectomy and Placement of Artificial Disc C4-5 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 Inpatient Surgery Removal of Anterior Plate Screw Fixation/Inspection of Fusion C5-7, Repeat Anterior Plate Screw Fixation with a Shorter Plate C5-7, Anterior C4-5 Discectomy and Placement of Artificial Disc C4-5 **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 Neurological 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013:

“This is a 39-year-old gentleman injured on 1/4/06 sustaining injury to the neck. The clinical records available for review indicate evidence of prior surgical treatment with regard to the claimant's cervical spine in this case in the form of an anterior cervical discectomy and fusion at C5-6 in January 2005 followed by hardware removal, exploration of fusion, and revision procedure with iliac crest bone grafting at C5-6 in October 2006. Recent clinical progress reports available for review include an MRI of the cervical spine dated 6/17/13 that showed left-sided C3-4 foraminal narrowing and hypertrophy with prior surgical changes noted at the C4 through C6 levels with moderate foraminal narrowing. A recent examination from 6/20/13 showed continued complaints of bilateral shoulder pain, left greater than right, neck pain, and left greater than right arm pain. Physical examination showed a neurologic weakness to the left deltoid at 4-/5 on the left with no other significant findings noted. Surgical intervention was recommended at that date in the form of revision fusion procedure with removal of prior hardware, inspection of C5-6 fusion with repeat hardware placement, and decompression with placement of artificial disc at the C4-5 level.”

### **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 for Independent Medical Review (received 7/15/13)
- Utilization Review Determination from [REDACTED] (dated 7/02/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for Inpatient Surgery Removal of Anterior Plate Screw Fixation/Inspection of Fusion C5-7, Repeat Anterior Plate Screw Fixation with a Shorter Plate C5-7, Anterior C4-5 Discectomy and Placement of Artificial Disc C4-5:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Neck Procedure Chapter, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated the MTUS did not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee was injured on 1/4/06 and has experienced neck pain, bilateral shoulder pain, left greater than right, and left greater than right arm pain. The medical records provided for review indicate that the employee had surgical treatment to the cervical spine in the form of an anterior cervical discectomy and fusion at C5-6 followed by hardware removal, exploration of fusion, and revision procedure with iliac crest bone grafting at C5-6 in October 2006. The request was submitted for inpatient surgery removal of anterior plate screw fixation/inspection of fusion C5-7, repeat anterior plate screw fixation with a shorter plate C5-7, anterior C4-5 discectomy and placement of artificial disc C4-5.

The Official Disability Guidelines specify that FDA approval is for single-level degenerative disc disease. The medical records reviewed indicate four levels of degenerative disc disease, including the latest MRI of 6/17/13 showing degenerative disc disease at C3-4. The medical records document solid fusions at the C5-6 and C6-7 levels. The physical examination in October 2012 found the employee was neurologically intact. The request for inpatient surgery removal of anterior plate screw fixation/inspection of fusion C5-7, repeat anterior plate screw fixation with a shorter plate C5-7, anterior C4-5 discectomy and placement of artificial disc C4-5 **is not medically necessary or 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  
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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.