
Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	4/20/2011
IMR Application Received:	7/19/2013
MAXIMUS Case Number:	CM13-0002152

- 1) MAXIMUS Federal Services, Inc. has determined the request for anterior cervical discectomy, decompression, and instrumented fusion, autograft, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft at C5-7 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an in-patient 3 day stay **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an assistant surgeon **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for preop medical clearance **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 anterior cervical discectomy, decompression, and instrumented fusion, autograft, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft at C5-7 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an in-patient 3 day stay **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an assistant surgeon **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for preop medical clearance **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013:

“This patient has a date of injury 04/20/11 with a diagnosis of C5-6 and C6-7 disc displacement. The MRI scan of the cervical spine dated 05/23/13 demonstrates, at the C5-6 level, a 2-millimeter bridging osteophyte with minimal spinal stenosis present. There is facet joint hypertrophy creating moderate right and minimal left foraminal stenosis.

At C6-7, there is a 2 mm bridge osteophyte along with hypertrophic change of the facet joints with moderate left greater than right, bilateral foramina! stenosis.

The Orthopedic spine evaluation dated 06/20/13 states the patient was seen complaining of neck pain and low back pain with radiation to the left leg. She has completed a course of physical therapy with mild relief.

Current medications are muscle relaxers. The patient is a nonsmoker, nondrinker. Physical examination showed she has full range of motion of her neck and back. She

has decreased sensation over the dorsum of the right foot and calf. Motor strength is 4/5 in the right extensor, hallucis longus is decreased grip strength bilaterally. Radiographs of the cervical spine showed there is cervical disc disease with collapse at C5-6 and C6-7. A review the MRI shows her to be diffuse degenerative changes with disc desiccation at C5-6 and C6-7. She reportedly has undergone epidural injections, does not specify whether it was cervical or lumbar.

The ACOEM and ODG guidelines require exhaustion of conservative care prior to proceeding to surgical intervention. This patient reportedly has had epidural injections, but is unclear whether these have been for the lumbar or cervical spine. There is also a lack of clinical examination findings to support the surgery. ACOEM also requires, "Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term". There is no description of any type of paresthesias in a C5-C6-C7 distribution. There is no detail of objective clinical examination to indicate that there are motor, sensory, or reflex changes in the C5, C6, or C7 nerve root distribution. Therefore, for all of these reasons, the request is not supported to be medically necessary and as such, is non-certified. The in-patient 3-day stay, assistant surgeon, and preop medical clearance are not medically necessary, as the surgery is not medically necessary."

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 07/19/2013)
- Utilization Review Determination from [REDACTED] (dated 07/10/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for anterior cervical discectomy, decompression, and instrumented fusion, autograft, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft at C5-7:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8, Neck and Upper Back Complaints, Surgical Consideration, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also referenced the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. 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 4/20/2011. Imaging has shown cervical disc disease with collapse at C5-6 and C6-7, and degenerative changes with disc

desiccation at C5-6 and C6-7. Treatment has included imaging and injections. The request is for anterior cervical discectomy, decompression, and instrumented fusion, autograft, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft at C5-7.

The ACOEM guidelines indicate that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month, or with extreme progression of symptoms, clear clinical imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term and unresolved radicular symptoms after receiving conservative care. The ACOEM guidelines also indicate that if there is no clear indication for surgery, referring the patient to physical medicine or rehab specialist may help resolve symptoms. The ACOEM guidelines further indicate the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The medical records submitted and reviewed indicate the patient has degenerative disc disease at both C5-6 and C6-7 with minimal spinal stenosis seen at C5-6 and hypertrophic changes of uncovertebral joints. There is also bridging osteophyte seen at C5-6 level as well as C6-7 level. Medical records indicate that when the employee was examined on 06/20/2013, decreased sensation and strength in the lower extremities were noted. The employee is without any significant progressive neurological deficits. The guideline criteria have not been met. The request for anterior cervical discectomy, decompression, and instrumented fusion, autograft, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft at C5-7 **is not medically necessary and appropriate.**

2) Regarding the request for an in-patient 3 day stay:

Since the primary procedure(s) are not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

3) Regarding the request for an assistant surgeon:

Since the primary procedure(s) are not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

4) Regarding the request for preop medical clearance:

Since the primary procedure(s) are not medically necessary and appropriate, none of the associated services are 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

/ldh

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.