

Case Number:	CM13-0011543		
Date Assigned:	03/26/2014	Date of Injury:	06/13/2001
Decision Date:	05/20/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 44-year-old female who was injured in a work related accident on June 13, 2001 with a noted injury to the cervical spine. Recent clinical assessment for review includes a previous cervical MRI report of June 1, 2012 that showed the claimant to be status post prior C5-6 and C6-7 vertebral body fusions with spondylosis noted at C2-3, C3-4 and C4-5. At the C6-7 level, there was noted to be a left paracentral osteophyte with no other specific findings noted. A follow-up orthopedic assessment of August 12, 2013 indicated continued complaints of pain about the neck with radiating pain to the bilateral shoulders. There was noted to be restricted range of motion at end points, 5/5 motor strength, equal and symmetrical reflexes and a normal sensory examination noted. The claimant's working assessment was noted to be that of adjacent segmental disease to the cervical spine, status post prior C5 through C7 fusion. Recommendations at that time were for advancement of the fusion in the form of a C3 through C5 anterior cervical discectomy and fusion with cage placement and instrumentation. Further clinical imaging is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-5 ANTERIOR CERVICAL DISCECTOMY AND FUSION WITH CAGE AND INSTRUMENTATION (ANTERIOR CERVICAL BELOW C2, ADDITIONAL INTER SPACE, ANTERIOR INSTRUMENTATION 2-3 SEGMENTS, CAGE AND DOWELS):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California ACOEM Guidelines would not support the role of advancement of fusion at the C3 through C5 level. The claimant's current clinical presentation fails to correlate the claimant's requested level of surgical process or significant compressive pathology on imaging. Guideline criteria clearly indicate that surgical fusion for the treatment of axial complaints alone is not beneficial. The specific request for the surgical process in question would not be indicated.

ASSISTANT SURGEON: 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.

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.

PRE-OP CLEARANCE: 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.

DME: BONE GROWTH STIMULATOR PURCHASE: 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.

CERVICAL COLLAR SOFT: 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.

COLLAR HARD: 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.

COLD THERAPY UNIT 30 DAY RENTAL: 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.

PNEUMATIC INTERMITTENT COMPRESSION DEVICE 30 DAY RENTAL: 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.