MAXIMUS Federal Services

Case Number:	CM13-0017227		
Date Assigned:	10/11/2013	Date of Injury:	09/20/2001
Decision Date:	01/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, has a subspecialty in spine 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 physician 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.

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 patient is a 58-year-old male who reported a work-related injury on 09/20/2001, specific mechanism of injury not stated. The patient subsequently is status post a C5-6 ACDF as of 2001. The clinical note dated 04/03/2013 reports the patient was seen for follow-up under the care of [redacted]. The provider documents the patient was seen status post a radiofrequency ablation to the cervical spine, the patient reports his pain has increased especially to the left side. The patient continues to report cervical spine pain and numbness of the fingers, especially to the left hand. The provider reports the patient continues to utilize ibuprofen, Vicodin and Neurontin. The provider documented the patient did not improve with radial ablation and the patient was referred to neurosurgery. The patient was seen in clinic on 04/22/2013 by [redacted]. The provider documented the patient presents with complaints of cervical spine pain radiating down the bilateral upper extremities. The patient reports he has noticed increasing onset of symptoms. The provider documented upon physical exam of the patient, bilateral motor strength to the upper extremities is 5/5 throughout with the exception of hand intrinsics 4+/5. The patient reported decreased sensation at the C5-6 and C7-8 distribution bilaterally. The provider documented a review of previous imaging of the patient's cervical spine dated 10/26/2011 which revealed foraminal stenosis at multiple levels with possible osteophyte complex compressing the spinal cord at C4-5. The provider documented the patient presented with cervical myeloradiculopathy with evidence of junctional disease at C4-5. The provider recommended the patient undergo a new MRI of the cervical spine. The patient was subsequently seen in clinic on 06/10/2013 reporting numbness and tingling to all 10 digits of the bilateral hands. The provider reviewed an MRI of the cervical spine which revealed a quite narrow AP diameter producing c

IMR ISSUES, DECISIONS AND RATIONALES

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

A cervical laminectomy C4-6, undercut C3-7 instrumental fusion, C3-T2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The clinical notes fail to evidence the patient objectively presents with significant motor, neurological or sensory deficits to support the multilevel fusion at this point in the patient's treatment to the cervical spine. The patient presented with 5/5 motor strength noted throughout the bilateral upper extremities with the exception of the bilateral hand intrinsics. Review of the patient's MRI of the cervical spine dated 05/21/2013 did not evidence any instability or nerve root involvement to support the requested operative procedures. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines indicates that surgical consultation intervention is supported for patients who have persistent severe and disabling shoulder and arm symptoms, activity limitations for more than 1 month with extreme progression of symptoms, clear clinical, imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and long term and resolved radicular symptoms after receiving conservative treatment. The clinical notes fail to evidence objective findings of motor weakness, hyperreflexia, spasticity, ataxia, or pathological reflexes an myelopathic findings to support the multilevel requested fusion. The request for cervical laminectomy C4-6, undercut C3-7, instrumental fusion, C3-T2 is not medically necessary or appropriate.

A one-day post-operative 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.