

Case Number:	CM13-0021297		
Date Assigned:	10/11/2013	Date of Injury:	10/11/2010
Decision Date:	06/03/2014	UR Denial Date:	08/16/2013
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 Neurosurgery, and is licensed to practice in Texas, New Mexico, Maryland, New York, California, Colorado, Georgia, Louisiana, Minnesota, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Virginia, Nevada, Illinois, and Kentucky. 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 patient is a 47 year old female who sustained an injury on 10/11/10. The patient was lifting and unloading boxes when she felt a pop in the cervical spine followed by pain radiating to the left upper extremity. Prior treatment included epidural steroid injections which provided transient relief. The patient was originally scheduled for fusion from C5-C7 in May 2013; however, the patient developed a radicular component in the occipital region that was different from her left upper extremity symptoms. Imaging showed moderate stenosis at C3-4. No prior imaging results were available for review. The patient was admitted on 10/28/13 and a C3-4 through C6-7 anterior cervical discectomy fusion with corpectomy was completed. The patient was discharged from the hospital without complication on 10/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4 ANTERIOR CERVICAL DISCECTOMY AND FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: In regards to the cervical fusion at C3-4, the clinical records available for review did not support the medical necessity of this procedure. Other than the operative report and discharge summary, there were no other clinical records available for review, including imaging studies, prior physical examination findings, or discussion regarding non-operative treatment other than epidural steroid injections. It was unclear whether the patient received any selective nerve root blocks at C4-5, as agreed upon in the prior utilization review reports. Given the paucity of clinical information in this case, the request is not medically necessary.

C5-7 ANTERIOR CERVICAL DISCECTOMY AND FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: In regards to the cervical fusion at C5-7, the clinical records available for review did not support the medical necessity of this procedure. Other than the operative report and discharge summary, there were no other clinical records available for review, including imaging studies, prior physical examination findings, or discussion regarding non-operative treatment other than epidural steroid injections. It was unclear whether the patient received any selective nerve root blocks at C4-5, as agreed upon in the prior utilization review reports. Given the paucity of clinical information in this case, the request is not medically necessary.

2 INPATIENT DAYS: 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.

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.