

Case Number:	CM13-0022020		
Date Assigned:	03/14/2014	Date of Injury:	10/13/2010
Decision Date:	05/22/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

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 46 year old female injured on October 13, 2010, sustaining injury to the neck. The clinical records include a recent MRI report of June 15, 2013 showing multilevel stenosis from C2-3 through C6-7. The C6-7 specifically was noted to be with right sided foraminal narrowing and disc protrusion. The clinical progress report for review includes neurosurgical assessment of September 11, 2013 indicating ongoing complaints of discomfort. It states operative intervention in the form of C6-7 arthroplasty was recommended. The physical examination findings were not noted. The initial neurosurgical consultation of June 12, 2013 showed weakness 4/5 to the right and equal and symmetrical reflexes. It indicates the claimant was with a previous history of July 2012 cervical surgery at that time. It is unclear what took place. Based on the failed conservative care there is once again a request for an arthroplasty at the C6-7 level with two day inpatient length of stay and use of cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166 and 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Complaints Chapter

Decision rationale: The California MTUS Guidelines, states "within the first three months of neck and upper back symptoms, the only patients who can be expected to benefit from surgery are those with evidence of severe spinovertebral disease (tumor, infection, major trauma, or progressive neurologic deficit) or with severe, debilitating symptoms and physiologic evidence of specific nerve root or spinal cord compromise, corroborated by appropriate imaging studies." When looking at the Official Disability Guidelines (ODG) criteria disc replacement procedures are not indicated for the cervical spine with no indication of long term demonstration of efficacy over more traditional forms of operative management alone. The claimant's history of prior surgical process and multilevel cervical stenosis there would be no indication for the acute need of arthroplasty in this individual at the C6-7 level. The request is not medically necessary or appropriate.

A TWO 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.

A CERVICAL COLLAR: 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.