MAXIMUS Federal Services

Case Number:	CM13-0024141		
Date Assigned:	11/20/2013	Date of Injury:	12/31/2004
Decision Date:	01/13/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/13/2013

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 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 59-year-old gentleman who reportedly injured his neck in a work related accident on 12/31/04. Clinical records for review include a recent MRI of the cervical spine dated 02/19/13 that shows the C3-4 level to be mild disc desiccation and 2 mm paracentral disc protrusion with mild central canal stenosis. The C4-5 level is with a 2 mm central protrusion with mild central stenosis. The C5-6 level is with disc desiccation, a 2 mm right sided disc protrusion and moderate canal stenosis, and the C6-7 level is with a 3 mm central disc protrusion with mild central stenosis. The claimant's most recent progress report is dated 05/10/13 with treating physician [redacted] citing continued complaints of pain about the neck with bilateral upper extremity pain, numbness, and weakness. Vital signs were noted to show decreased light touch sensation over the C5 through C7 dermatomal distributions with equal and symmetrical reflexes bilaterally and 3+/5 grip strength. Reviewed at that time was the claimant's prior MRI. Surgical intervention in the form of a C3 through C7 anterior cervical discectomy and fusion was recommended for further definitive care in regard to the claimant's ongoing cervical complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, pg. 180..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon.

Decision rationale: CA MTUS guidelines do not address this request. The need for an assistant surgeon in this case based on Milliman Care Guidelines would not be supported. The clinical records do not support the need for operative intervention; thus, negating the need for an assistant surgeon for use in this case.

Cervical anterior decompression and fusion at C3-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180,183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical . .

Decision rationale: CA MTUS states, "The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated" and "Not Recommended: Discectomy or fusion for nonradiating pain or in absence of evidence of nerve root compromise". Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, anterior cervical discectomy and fusion at the requested four levels would not be indicated. The clinical imaging fails to demonstrate compressive pathology at the four requested levels in question. There is also failure to correlate the claimant's clinical imaging with current objective findings to support a four level cervical procedure. The need for operative intervention in this case has not been established.

Internal medicine clearance with a 3 day in-patient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA, 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) and ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, pg. 127, and Official Disability Guidelines Treatment in Worker's Comp, 18

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, internal medical clearance and three day inpatient stay would not be supported. The claimant's clinical records do not yet support the need for operative intervention. The need for preoperative internal medicine assessment or a postoperative stay are not supported.