MAXIMUS Federal Services

Case Number:	CM13-0026666		
Date Assigned:	11/22/2013	Date of Injury:	06/27/2011
Decision Date:	02/03/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/19/2013

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. 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 39-year-old female who reported an injury on 06/27/2011. The patient had an electromyogram studies on 06/20/2013 which revealed that the patient had no electromyographic indicators of acute cervical radiculopathy. The patient was noted to have an magnetic resonance imaging of the cervical spine on 07/31/2013 which revealed that at C3-4, there was no compromise of the cord or exiting nerve roots. There was noted to be a 2 mm anterior disc protrusion. At C5-6, there was noted to be a 3 to 4 mm central posterior disc protrusion/extrusion, which encroached on the subarachnoid space. There was noted to be no encroachment on the foramina. There was noted to be no compromise of the cord or exiting nerve roots. There was noted to be a 3 mm anterior disc protrusion. At the level of C6-7, there was noted to be a compromise of the exiting left nerve root but not on the exiting right nerve root. There was noted to be a three mm anterior disc protrusion. The patient was noted to have symptomatology in the cervical spine per the submitted documentation. The patient was noted to have failed all conservative measures, including activity modification, physical therapy, pain management and two cervical epidural blocks. The physical examination revealed that the patient had tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. The axial loading compression test and Spurling's test were noted to be positive. There was noted to be dysesthesia at the C6-7 and C7 dermatomes. The patient's diagnosis was noted to be cervical discopathy. The plan was noted to include surgical intervention, inpatient admission, postoperative physical therapy, an assistant surgeon and medical clearance as well as durable medical equipment of a cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy fusion C6-7, total disc replacement C5-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines recommend surgical intervention when patients have clear imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term. Additionally, the patient should have unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review, as per the electrodiagnostic study, revealed that the patient had no sign of radiculopathy. Per the Magnetic resonance imaging of the cervical spine, the patient was noted to have a compromise of the exiting left nerve root at C6-7; however, there was noted to be no encroachment of the foramina at the level of C5-6. Additionally, per the physical examination, the patient was noted to have dysesthesia at the C6-7 dermatomes. However, there was a lack of documentation of the patient's symptomatology and a lack of documentation indicating a necessity for the level of C5 - C6. Additionally, it was noted the patient had failed conservative care, however, there was a lack of documentation of the patient's dates, efficacy and duration of physical therapy. Given the above, the request for a cervical discectomy and fusion at C6-7 and total disc replacement at C5-6 is not medically necessary.

Inpatient admission times 2 days: Upheld

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

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

Decision rationale: As the request for the surgical intervention was not medically necessary, the request for an inpatient admission times 2 days is not medically necessary.

Post-operative physical therapy to cervical three times six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As the request for the surgical intervention was not medically necessary, the request for postoperative physical therapy to cervical three times six is not medically necessary.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician's 2022 - Physician's as Assistants at Surgery

Decision rationale: As the request for the surgical intervention was not medically necessary, the request for an assistant surgeon is not medically necessary.

Decision for medical clearance (to include Electrocardiogram & labs): Upheld

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

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

Decision rationale: As the request for the surgical intervention was not medically necessary, the request for medical clearance (to include an electrocardiogram and labs) is not medically necessary.

Pre-operative appointment (to include chest x-ray): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: As the request for the surgical intervention was not medically necessary, the request for a pre-operative appointment (to include a chest x-ray) is not medically necessary.

Aspen collar post-op: Upheld

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

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

Decision rationale: As the request for the surgical intervention was not medically necessary, the request for an aspen collar postop is not medically necessary.