

Case Number:	CM13-0026689		
Date Assigned:	11/22/2013	Date of Injury:	07/18/1988
Decision Date:	02/10/2014	UR Denial Date:	09/03/2013
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 60-year-old injured worker with a work related accident on 07/18/88, sustaining injury to their neck. Recent clinical records in regard to the cervical spine include a recent clinical assessment of 08/19/13 with [REDACTED], indicating subjective clinical complaints of worsening neck pain and bilateral upper extremity pain. Physical examination at that date showed sensory change in a left C8 and bilateral C6 dermatomal distribution with restricted range of motion, a positive left sided Spurling's test, 5/5 upper extremity motor strength and equal and symmetrical reflexes. At that time, the claimant was noted to be status post a prior C4 through C7 anterior cervical discectomy and fusion. MRI dated 03/13/13, indicated diffuse disc bulging at C3-4 with mild foraminal narrowing with postoperative changes from C4-5 through C6-7 consistent with prior fusion procedure with mild foraminal narrowing. The treating physician diagnosed the claimant with adjacent segmental degeneration at C3-4, referral for pain management consultation and epidural injections were given at that time. Based on failed conservative measures, a follow up assessment indicated a need for surgical process in the form of hardware removal from C4 through C7 with fusion at C3-4 for further definitive management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion with hardware removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013: Neck Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013: Neck Procedure.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, surgical process at the C3-4 level with hardware removal at C4 through C7 cannot be supported. The clinical records reviewed fail to demonstrate clinical correlation between the claimant's requested level of surgical procedure and formal objective findings that are negative at the C3-4 level for review. The absence of clinical correlation between exam findings and requested level of cervical procedure with clinical imaging would fail to necessitate anterior cervical discectomy and fusion with prior hardware removal. The request for anterior cervical discectomy and fusion with hardware removal is not medically necessary and appropriate.

Soft and hard 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.

Cold therapy unit: 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.

Pneumatic intermittent compression device: 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.

One day LOS: 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.