

Case Number:	CM13-0028375		
Date Assigned:	11/27/2013	Date of Injury:	12/02/2010
Decision Date:	01/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 medicine, and is licensed to practice in New Hampshire, New York, and Washington. 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 32-year-old male. He has chronic neck pain radiating to the left upper extremity. Physical examination shows a positive Spurling's test on the left, 1+ symmetrical reflexes. The patient has slightly decreased sensation on the left at C5 and C6 dermatomes. MRI from January 9, 2013 reveals mild bilateral neural foraminal narrowing and uncovertebral hypertrophy. Current diagnoses include left cervical radiculitis secondary to C4-5 degenerative arthritis and foraminal stenosis. Treatment has included medications, physical therapy, and epidural steroid injections. At issue is whether C4-5 ACDF surgery is medically needed at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy, fusion using allograft and interior instrumentation with locking plate, and SSEP (Steady State Evoked Potential Measurements) (baseline and intro-operative): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Back Chapter

Decision rationale: This patient does not meet the established criteria for anterior cervical discectomy and fusion surgery. According to the Chronic Pain Medical Treatment Guidelines, Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehab (PM&R) specialist may help resolve symptoms. The patient does not have a documented cervical radiculopathy that clearly correlates with compression of a specific nerve root on imaging studies. The cervical MRI demonstrates very mild foraminal narrowing. Because there is not significant compression of the nerve root on the most recent cervical MRI, there is no medical necessity for cervical decompressive surgery at C4-5. Additionally, cervical fusion surgery at C4-5 is not medically necessary because there is no instability that is documented on any imaging study in the cervical spine. The patient does not have any red flag indicators for cervical decompressive or fusion surgery such as tumor, fracture, worsening neurologic deficit, or instability. The guidelines for cervical decompression and fusion surgery are not met in this case. The request for anterior cervical discectomy, fusion using allograft and interior instrumentation with locking plate, and SSEP (baseline and intro-operative) is not medically necessary or appropriate.

assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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 or appropriate.

2-day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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 or appropriate.

home health skilled nursing service, for initial evaluation and 2 follow-up visits for skilled observation of post-operative status, incision healing, pain management, and home safety/equipment needs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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 or appropriate.