

Case Number:	CM13-0031130		
Date Assigned:	03/17/2014	Date of Injury:	02/26/2010
Decision Date:	05/22/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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:

This claimant is a 62-year-old female who was injured in a work-related accident on February 26, 2010. She sustained an injury to her neck. Clinical records for review include a recent September 23, 2013 followup assessment indicating diagnosis of degenerative disc disease with C5-6 radiculopathy. It states the claimant has failed conservative care including medication management, physical therapy, corticosteroid injections to the shoulder, and activity restrictions. She continues to describe pain in the neck with radiating left hand pain and numbness in a C6 dermatomal distribution. Physical examination showed severe pain with range of motion that was limited, numbness to the left hand along with radiation of pain with no formal neurologic findings otherwise noted. Previous imaging for review includes a October 9, 2012 cervical MRI scan which states that the C5-6 level is with diffuse disc bulging with facet hypertrophy and mild foraminal narrowing. The C6-7 level is with a 1 millimeter disc osteophyte complex and no compressive pathology. Based on failed conservative measures, a C5-6 anterior cervical discectomy and fusion was recommended for further care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL CORPECTOMY, DISKECTOMY, FUSION, PLATING AND GRAFTING:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180.

Decision rationale: Based on California ACOEM guidelines, a surgical process in this case would not be indicated. The claimant's clinical imaging that is greater than 18 months old does not correlate with the current level of the proposed surgical process with only mild foraminal changes noted. While the claimant was subjectively noted to be with complaints of pain in a left arm distribution, there were also no documented sensory, motor, or reflexive changes on examination to further correlate with imaging. The specific request based on lack of documentation of imaging and compressive findings would fail to necessitate the acute need of a fusion procedure to the claimant's cervical spine. The request is not medically necessary.

INPATIENT HOSPITAL LENGTH OF STAY AMOUNT OF DAYS UNSPECIFIED FOLLOWING PROCEDURE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) , TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013: NECK PROCEDURE - FUSION, ANTERIOR CERVICAL.

Decision rationale: MTUS guidelines are silent. When looking at Official Disability Guideline criteria, hospital admission and length of stay would not be indicated as the need for operative intervention has not been established. Therefore, based on guidelines and a review of the evidence, the request for Inpatient Hospital Length of Stay is not medically necessary.

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