

Case Number:	CM13-0031864		
Date Assigned:	01/03/2014	Date of Injury:	01/05/2009
Decision Date:	04/11/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/04/2013

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:

The patient is a 53-year-old female injured who slipped and fell injuring her neck on 1/5/09. Recent MRI imaging of the cervical spine dated 1/17/13 revealed a disc bulge at C5-6, as well as a disc osteophyte complex at C6-7 resulting in mild right-sided neural foraminal narrowing. Conservative treatment to date has included recent epidural injections, physical therapy, medication management, and acupuncture. The claimant's last clinical assessment for review was on 8/8/13 with [REDACTED] which documented continued complaints of pain about the neck and upper extremities. Examination revealed cervical tenderness to palpation with restricted motion. Neurologic examination showed no pertinent findings. Based on failed conservative care, a two-level anterior cervical discectomy and fusion with hardware was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-7 ANTERIOR CERVICAL DISCECTOMY AND FUSION WITH CAGE/ALLOGRAFT/PLATE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.

Decision rationale: Based on the California MTUS/ACOEM guidelines and the Official Disability Guidelines, the role of the two-level cervical fusion procedure would not be indicated. While the claimant continues to have complaints, there is currently no documentation of specific compressive pathology correlating with physical exam findings at the C5 through C7 levels that would support the two-level surgical process in question. The absence of the above would fail to necessitate the surgical process as stated.

A PRO-STIM UNIT WITH SUPPLIES: 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.

HOME HELP: 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.

A TWO DAY HOSPITAL STAY: 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.

A POSTOPERATIVE EVALUATION BY AN RN AFTER THE FIRST 24 HOURS THAT THE PATIENT IS HOME OR THE DAY THEREAFTER: 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.