

Case Number:	CM13-0032625		
Date Assigned:	12/11/2013	Date of Injury:	02/17/2007
Decision Date:	02/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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 New York. 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 61-year-old female. She has a date of injury February 17, 2007. The patient is diagnosed with lumbosacral spondylosis from L3-S1. The patient is also diagnosed with cervical radiculopathy and disc protrusions at C4-5, C5-6 and C6-7. MRI the cervical spine demonstrates C3-4 level with a 3 mm disc protrusion causing no significant stenosis. At C4-5 there is moderate central stenosis. At C5-6 there is a 5 mm disc bulge causing bilateral foraminal narrowing. There is also moderate central stenosis. At C6-7 there is bilateral foraminal narrowing. The patient is having chronic neck pain. She also has chronic back pain. Neurodiagnostic testing was normal in the upper extremities. Physical exam demonstrates tenderness on the left side of the neck at the base of the neck within limited range of neck motion. A recent physical examination has demonstrated decreased sensation along the C6 and C7 dermatomes. There is no physical evidence of cervical myelopathy. At issue is whether anterior cervical decompression and fusion (ACDF) surgery is necessary from C4-C7. At issue also is whether associated items preoperatively and postoperatively medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance to include consultation, labs, EKG, and chest X-rays for cervical surgery:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Preoperative evaluation" from the National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Surgical Considerations. Page(s): 179.

Decision rationale: The patient had an injury that occurred over 7 years ago. She does have reported hyperesthesia in C6 and C7. Neurophysiologic testing is normal in the bilateral upper extremities. There is no significant motor radiculopathy documented. Specifically there is no documented major neurologic deficit in the upper and lower extremities. In addition, there is no evidence of spinal instability in the cervical spine. The patient also does not have any red flag indicators for spinal fusion or decompressive surgery in the cervical spine. There is no progressive neurologic deficit document. The patient does not have any signs or symptoms of cervical myelopathy secondary to cord compression. Spinal imaging studies do not correlate with specific radiculopathy in the extremities. The MRI does show some flattening of the cord; however the patient does not have symptoms or signs of cervical myelopathy. There were no abnormal long tract signs noted on physical examination. There is no medical necessity for cervical spine surgery. Criteria for cervical spine surgery are not met. Since his surgery is not medically necessary, then all preoperative studies are not medically necessary. Preoperative items are also not medically necessary.

TEC System- Iceless Cold therapy Unit with DVT and cervical wrap x 14 days post cervical surgery: 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.

Additional PT 2 times a week for 6 weeks for the lumbar and cervical spines: 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.