

Case Number:	CM13-0034139		
Date Assigned:	04/25/2014	Date of Injury:	05/05/2012
Decision Date:	06/13/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

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 claimant is a 49-year-old male who was injured on May 5, 2012. The claimant is documented with a past medical history of hypothyroidism and hyperlipidemia. The current medications include Vicodin, meloxicam, and amitriptyline. On September 10, 2013, the claimant is documented as presenting with slowly worsening symptoms described as not pain radiating to the left, but no longer having numbness in the hands. The physical examination documents normal sensation and strength in the upper extremities, full range of motion of the shoulder and cervical spine and no tenderness is documented in the cervical paravertebral musculature. The subsequent exam dated November 14, 2013 indicates normal sensation and strength in the arms, but subjective complaints of numbness in the left arm. A positive Spurling's sign is noted. The exam is identical on the February 3, 2014 note. Electrodiagnostic studies were performed on July 27, 2012 and are documented as showing left radial/median nerve compression, but no evidence of cervical radiculopathy. An MRI (magnetic resonance imaging) was obtained on April 17, 2013 is documented as having degenerative changes from C3-C7. The utilization review in question was rendered on October 1, 2013. The reviewer noncertified the operative request as well as the unknown length of hospital stay. The reviewer indicates the decision for the request is based on the lack of objective radicular findings in each of the requested nerve root distributions. With regard to the hospital stay, the reviewer indicates the guidelines support a single day stay following the operative intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DECOMPRESSION AT C5-6, C6-7 MAY REQUIRE PARTIAL CORPECTOMY OR POSSIBLY EVEN A COMPLETE CORPECTOMY AT C6 INTERBODY FUSION WITH INSTRUMENTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back chapter.

Decision rationale: The ACOEM supports the use of cervical fusion for individuals with subacute and chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation. Based on the clinical documentation provided, the physical examination does not demonstrate signs of radicular symptoms. Though it is noted that the claimant does have subjective complaints of radiculopathy, this is not corroborated on examination. As such, the request is considered not medically necessary.

UNKNOWN LENGTH OF STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back chapter, Length of Stay.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The requested operative intervention was found to be not medically necessary; therefore, the requested postoperative hospital stay is also not medically necessary.