

Case Number:	CM13-0037315		
Date Assigned:	12/13/2013	Date of Injury:	02/26/2010
Decision Date:	03/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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 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. 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 has chronic neck pain. She also has pain radiating to the left shoulder and headaches. MRI the cervical spine shows degenerative changes most prominent C5-6There's a 2 mm disc bulge with mild narrowing of the central canal. This facet arthropathy. Physical examination reveals tenderness to the cervical paraspinal muscles were trapezius tightness and spasm. There is decreased sensation on the left C6 with cramps. Motor examination reveals normal motor strength in the bilateral upper extremities all myotomes. Patient has been diagnosed with cervical spine strain, cervical spine discogenic disease, left shoulder impingement, and C6 radiculopathy. Patient has had multiple neck trigger injections, extensive physical therapy to include 24 visits. At issue is whether cervical spine surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Corpectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Surgical Considerations.

Decision rationale: The patient does not reestablish criteria for cervical corpectomy surgery. Specifically, the MRI imaging studies do not demonstrate severe compression of I nerve root. In addition, the patient's physical exam documents normal motor strength and normal reflexes. While the patient does have some sensory loss in the C6 distribution, there is no significant radiculopathy. Imaging studies do not demonstrate any instability or significant nerve root compression that would warrant cervical corpectomy surgery. Criteria for corpectomy decompression are not met.

Inpatient hospital Length of Stay (LOS), amount of days unspecified: 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: Because the surgery is not medically, then all other associated items are not medically necessary.

Fusion: 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 Other Medical Treatment Guideline or Medical Evidence, Surgical Considerations.

Decision rationale: This patient does not reestablish criteria for cervical fusion surgery. Specifically there is no cervical spine instability, no documented concern for fracture or tumor. The patient does not have any red flag indicators for spinal fusion surgery. Criteria for a cervical fusion surgery are not met.

Plating at the C5-6 level: 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 Other Medical Treatment Guideline or Medical Evidence, Surgical Considerations.

Decision rationale: Because the surgery is not medically, then all other associated items are not medically necessary. Fusion surgery is not medically necessary because there is no documented instability. Cervical plating accompanies fusion and is not medically needed.