

Case Number:	CM13-0039649		
Date Assigned:	12/27/2013	Date of Injury:	12/22/2011
Decision Date:	02/19/2014	UR Denial Date:	10/02/2013
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 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 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 51-year-old female who was injured on 12/22/11. Clinical records specific to the claimant's neck included a recent progress report dated 10/17/13 by [REDACTED] noting a current diagnosis of cervical degenerative disc disease, radiculitis, spondylosis and stenosis. [REDACTED] reviewed a prior MRI from 04/13/12 that noted degenerative changes at C4-5 through C6-7 and foraminal narrowing on the right at C4-5 and C5-6. Neurologic examination showed diminished sensation in the left C5 through C7 dermatomal distribution with diminished left grip strength and equal and diminished upper extremity reflexes. Based on the claimant's failed conservative care to therapeutic modalities including epidural injections, therapy, and medications, surgical intervention was recommended in the form of anterior cervical discectomy and fusion at the C4-5 through C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C4-C5, C5-C6 and C6-C7 with cage and all pre-op medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) OMPG (2nd Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, pg. 127; and Official Disability Guidelines (ODG), Neck procedure-Fusion, anterior cervical

Decision rationale: Based on California ACOEM 2004 Guidelines and supported by Official Disability Guidelines criteria, the three level cervical fusion procedure in this case would not be indicated. The claimant's current clinical presentation does not support neurocompressive pathology at the C4-5, C5-6, and C6-7 level to indicate operative intervention of a multiple fashion. The absence of clinical correlation between neurocompressive findings on imaging and the claimant's current physical examination findings would not support the recommendation for the cervical fusion. Therefore, the lack of support for the cervical fusion would negate the need for "preoperative medical clearance."

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21810 to 22856) CPT® Y/N Description

Decision rationale: California MTUS ACOEM Guidelines are silent. When looking at Milliman Care Guidelines, an assistant surgeon would not be indicated as the need for the operative intervention in this case has not been established.

Neck Brace: 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 and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck procedure-Cervical collar, post operative (fusion)

Decision rationale: California MTUS ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, a neck brace would not be indicated. Surgical process has not been established, thus, negating the need of a neck brace

Post-op physical therapy 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would not support the role of 18 sessions of therapy. The role of surgical intervention has not been established, thus, negating the need of postoperative physical therapy in this case.