

Case Number:	CM13-0039894		
Date Assigned:	12/20/2013	Date of Injury:	04/06/2001
Decision Date:	04/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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 Connecticut, North Carolina, and Pennsylvania. 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:

This claimant is a 56-year-old gentleman who was injured in a work-related accident on April 6, 2001. Specific to the claimant's cervical spine, there was documentation of a recent MRI report of August 21, 2013 that documented degenerative changes and most notably mild right foraminal narrowing at the C5-6 level, as well as underlying facet changes. Clinical presentation on September 17, 2013 identified continued neck and radiating left arm pain, with physical examination findings of diminished sensation to the left, middle, and ring digit, diminished left triceps reflex, and weakness noted with triceps and wrist extension and flexion. Conservative care is documented to have included prior epidural injections, physical therapy, chiropractic care, medications, and work modifications. At present, there is a request for a two-level anterior cervical discectomy and fusion at the C5 through C7 level for further definitive treatment in this case.

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 with instrumentation C5 to C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

(ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure - Fusion, anterior cervical

Decision rationale: The MTUS/ACOEM and Official Disability Guidelines do not support the requested procedure. The MTUS/ACOEM Guidelines indicate that the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The Official Disability Guidelines indicate that an anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. The claimant's physical examination and clinical imaging do not clinically correlate between the C5 and C7 level to support the need of an acute surgical process. The lack of the above would fail to necessitate the role of the two-level surgical procedure as outlined.

Assistant surgeon: 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.

One (1) day of inpatient 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.

Cervical collar: 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.

Bone growth stimulator (BGS) with a fitting appointment for the BGS: 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.

Medical clearance: 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.