

Case Number:	CM13-0040776		
Date Assigned:	12/20/2013	Date of Injury:	03/28/2012
Decision Date:	08/13/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 South Dakota, Minnesota. 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 patient is a 54-year-old female with a 3/28/12 date of injury, when she reached for some plastic boxes and felt pain in the neck. 12/7/12 AME concluded that the patient was a candidate for cervical facet block and possible cervical spinal fusion. 6/20/12 CT scan revealed multilevel degenerative changes with multilevel cervical spinal stenosis, as well as minimal anterior listhesis of C3 over C4. 6/29/13 MRI of the cervical spine revealed severe left and mild to moderate right facet degenerative changes at C2-3; 2-3 mm central disc protrusion, indenting the anterior cord with mild to moderate spinal stenosis; severe left and mild to moderate right neural foraminal narrowing, unchanged from prior examination. At C3-4, there was moderate left and mild right facet degenerative changes with minimal grade I anterolisthesis of C3 over C4, unchanged compared to prior examination; mild to moderate disc space narrowing. At C4-5 there was mild to moderate disc space narrowing; mild to moderate spinal stenosis; moderate right neural foraminal narrowing. At C5-6, there was mild spinal stenosis; moderate to severe neural foraminal narrowing. At C6-7, there was moderate bilateral neural foraminal narrowing related to bilateral neural foraminal disc protrusion. 9/17/13 note described left sided head and neck pain. Clinically, there was painful range of motion, but no focal neurological deficits. Cervical ESI was approved. Treatment to date has included PT, activity modification, steroid injections, multiple cervical occipital block, chiropractic care, and medication.

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 C2-C3, C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

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 and upper back chapter.

Decision rationale: Medical necessity for the requested surgical intervention has not been established. Review of progress notes and clinical examination revealed that there are no noted focal neurological deficits, or progression of neurological findings. Two level fusion was requested, however there were imaging findings of multilevel degenerative changes. Cervical ESI has not been performed, although there was approval for this treatment. CA MTUS criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. The request for Anterior Cervical Discectomy and Fusion (ACDF) at C2-C3, C3-C4 is not medically necessary and appropriate.

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: As the request for ACDF at C2-3 and C3-4 was not substantiated, the associated requests are also not medically necessary.

CERVICAL COLLAR- MIAMI J. COLLAR- FITTED AND DISPENSED IN HOUSE:
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: As the request for ACDF at C2-3 and C3-4 was not substantiated, the associated requests are also not medically necessary.

TEC SYSTEM (ICELESS COLD THERAPY UNIT WITH DVT AND CERVICAL WRAP) X 14 DAYS: 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: As the request for ACDF at C2-3 and C3-4 was not substantiated, the associated requests are also not medically necessary.

TWO DAY 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: As the request for ACDF at C2-3 and C3-4 was not substantiated, the associated requests are also not medically necessary.

PRE-OPERATIVE CLEARANCE TO INCLUDE: CONSULTATION: 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: As the request for ACDF at C2-3 and C3-4 was not substantiated, the associated requests are also not medically necessary.

PRE-OPERATIVE CLEARANCE TO INCLUDE: LABS: 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: As the request for ACDF at C2-3 and C3-4 was not substantiated, the associated requests are also not medically necessary.

PRE-OPERATIVE CLEARANCE TO INCLUDE: EKG: 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: As the request for ACDF at C2-3 and C3-4 was not substantiated, the associated requests are also not medically necessary.

CHEST X-RAYS: 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: As the request for ACDF at C2-3 and C3-4 was not substantiated, the associated requests are also not medically necessary.

PRE-OPERATIVE CLEARANCE TO INCLUDE: ANY ADDITIONAL TESTING MEDICALLY NECESSARY TO CLEAR THE PATIENT FOR 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: As the request for ACDF at C2-3 and C3-4 was not substantiated, the associated requests are also not medically necessary.

ORTHOFIX BONE GROWTH STIMULATOR: 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: As the request for ACDF at C2-3 and C3-4 was not substantiated, the associated requests are also not medically necessary.