

Case Number:	CM13-0041857		
Date Assigned:	12/20/2013	Date of Injury:	03/27/2013
Decision Date:	05/20/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 66-year-old gentleman who was injured on March 27, 2013, sustaining an injury to the neck. The claimant was in a motor vehicle accident where the claimant was riding a semi-truck. Current clinical records for review include a September 20, 2013 MRI report of the cervical spine which demonstrates multilevel disc bulging most pronounced at the C4-5 and C5-6 level with marked left sided neural foraminal narrowing at C5-6 and C6-7 noted. Previous clinical assessment for review included a September 25, 2013 follow-up demonstrating continued cervical complaints with biceps and triceps extension and weakness on the right at 4-/5 and diminished sensation in the C5 and C6 dermatomal distribution on the right. It states the claimant has failed conservative care including medications, physical therapy, activity restrictions and work restrictions. At last clinical assessment, a two level C4-5 and C-56 anterior cervical discectomy and fusion was recommended for further therapeutic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR AND POSTERIOR CERVICAL DISCECTOMY AND FUSION AT THE LEVEL C5-6 AND POSSIBLY C4-5: 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) INDICATIONS FOR SURGERY - DISCECTOMY/LAMINECTOMY (EXCLUDING FRACTURES).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166,180-183.

Decision rationale: Based on California ACOEM Guidelines, the role of two level fusion process to the cervical spine cannot be indicated. At present there is a lack of clinical correlation between the claimant's physical examination findings and imaging that would necessitate the acute need of a two level surgical process. Guidelines clearly indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies. The need for the specific surgical process would thus not be indicated.

3 DAY HOSPITAL 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) INDICATIONS FOR SURGERY - DISCECTOMY/LAMINECTOMY (EXCLUDING FRACTURES).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013: NECK PROCEDURE - FUSION, ANTERIOR CERVICAL

Decision rationale: CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a three day inpatient stay would not be indicated as the need for operative intervention in this case has not been established.

BONE GROWTH STIMULATOR: 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) INDICATIONS FOR SURGERY - DISCECTOMY/LAMINECTOMY (EXCLUDING FRACTURES).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE - BONE GROWTH STIMULATORS (BGS)

Decision rationale: CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a bone growth stimulator would not be indicated as the need for operative intervention in this case has not been established.