MAXIMUS Federal Services

Case Number:	CM13-0043944		
Date Assigned:	12/27/2013	Date of Injury:	11/21/2008
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Expedited	Application Received:	10/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland, New York, and Texas. 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 66-year-old male who reported an injury on 11/21/2008 due to cumulative trauma while performing normal job duties. The patient's treatment history included physical therapy, chiropractic care, acupuncture, oral medications, aquatic therapy, a home exercise program, and psychiatric support. The patient underwent a cervical MRI in 10/2012 that documented the patient had diffuse cervical arthropathy and neural foraminal stenosis with a 3 mm or less retrolisthesis at the C3, C4, C5, and C6 levels with slight cord compression at the C6-7 level with spinal canal stenosis measured at 5.5 mm without evidence of myelopathy. Mild central canal narrowing of the C5-6 was also noted. The patient underwent an epidural steroid injection at the C7-T1 that did not provide adequate pain relief. The patient's most recent clinical evaluation dated 10/01/2013 documented that the patient had ongoing cervical spine radicular complaints with an improvement in symptoms with myofascial therapy and medication usage. A letter of Appeal submitted by the treating physician dated 12/23/2013 documented that the requested surgery was not for instability but due to chronic radiculopathy. A clinical evaluation was not provided within the body of the letter. The patient's diagnoses included lumbar disc displacement, lumbar/lumbosacral disc degeneration, and psychogenic pain with depressive disorder. The patient's treatment plan included continuation of medications and surgical intervention of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C7 anterior cervical fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation ODG), Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The requested C3 through C7 anterior cervical fusion is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend fusion surgery in the absence of spinal instability. A letter of appeal from the treating physician dated 12/23/2013, documents that this surgery is being requested due to radicular complaints and not due to cervical instability. There was no clinical examination findings provided with the letter of appeal. The patient's most recent clinical evaluation, dated 10/01/2013,did not provide any evidence of objective findings to support the patient's radicular complaints. There was no documentation of motor strength weakness or neurological deficits in the cervical myotomal or dermatomal distributions. There is no documentation of red flag conditions or significant progressive neurological symptoms that are recalcitrant to conservative measures to support the need for a multilevel fusion. As there is no recent documentation of clinical examination findings to support that the patient has radiculopathy that would benefit from the requested surgical intervention, the appropriateness of the request cannot be determined. Therefore, the requested C3 through C7 anterior cervical fusion is not medically necessary or appropriate

Inpatient 2 day stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Neck and Upper Back Chapter

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 from primary: Upheld

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

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

Durable medical equipment (DME): Miami J Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back Chapter, cervical collar.

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