

Case Number:	CM13-0051254		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2008
Decision Date:	04/04/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 claimant is a 49 year old who injured his cervical spine in a work related accident on May 29, 2008. The recent progress report by the provider dated October 11, 2013 showed increased complaints of neck pain and right upper extremity complaints with weakness. The physical examination was documented as weakness of the flexor carpi ulnaris and interosseous muscles on the right with a positive Spurling's test and diminished sensation over the right index and small digit. It was documented that previous conservative measures provided no significant relief. The previous MRI (magnetic resonance imaging) report from October 29, 2012 demonstrated multilevel disc degeneration and protrusions of the C3-4 through C5-6 levels with foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C6 Cervical discectomy and fusion at [REDACTED] Hospital: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. 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): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Based on the CA ACOEM Guidelines and supported by the Official Disability Guidelines (ODG), the surgical process C3-C6 cervical discectomy and fusion at [REDACTED] Hospital cannot be recommended as medically necessary. The records do not contain any documentation of supporting physical examination findings and clinical imaging that would correlate to the three requested surgical levels. It should also be noted that the claimant's MRI (magnetic resonance imaging) scan for which the surgery is being requested was performed over fifteen months ago. The medical records provided do not contain any other updated imaging. Based upon the absence of documentation to support the surgical levels, the request for the multilevel fusion procedure cannot be supported.

One medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official medical fee schedule, 1999 edition, pgs. 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127

Decision rationale: Based on the CA ACOEM Guidelines medical clearance is not indicated as the need for operative intervention in this case is not established

Twelve visits acupuncture (through [REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the CA MTUS Chronic Pain Guidelines acupuncture for twelve visits would not be indicated as the need for operative intervention in this case is not established

One cervical pillow (through [REDACTED]): 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).

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: The CA MTUS Guidelines are silent. When looking at the Official Disability Guidelines (ODG) a cervical pillow is not indicated as the role of operative

intervention is not established thus negating the need of this post operative DME (Durable Medical Equipment) device.

Three (3) day stay at [REDACTED] Hospital: 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).

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 - Fusion, anterior cervical and Hospital length of stay (LOS).

Decision rationale: The MTUS Guidelines are silent. When looking at the Official Disability Guidelines (ODG), a three day inpatient stay would not be indicated as the role of operative intervention is not established thus negating the need for any postoperative length of stay.