

Case Number:	CM13-0052399		
Date Assigned:	12/27/2013	Date of Injury:	01/03/2009
Decision Date:	03/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 New York. 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 30-year-old male who sustained a neck injury in January 2009. The patient has neck pain that radiates to the bilateral arms. Treatment has included physical therapy, chiropractic care, acupuncture, and epidural steroid injections. The patient still has pain. The physical examination indicated that there was decreased sensation on the right C6, left C7, and C8 dermatomes. An x-ray the cervical spine shows loss of disc height at C5-6 and C6-7. An electromyography (EMG) nerve conduction studies show findings consistent with C6 and C7 radiculopathy. At issue is whether an MRI of the cervical spine and anterior cervical discectomy, and fusion surgery a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral anterior cervical discectomy and fusion at C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, Neck and Upper Back Procedure Summary (updated 05/14/2013), Indications for discectomy/laminectomy (excluding fractures)

Decision rationale: The MTUS/ACOEM Guidelines indicate that surgical consideration is recommended only with careful preoperative education of the patient regarding expectations, complications, and short- and long-term effects of surgery. The guidelines also indicate that discectomy or fusion is not recommended without conservative treatment four to six (4 to 6) weeks minimum. The Official Disability Guidelines indicate that an abnormal imaging study must show positive findings that correlate with nerve root involvement. The guidelines also indicate that there should be evidence of motor deficit or reflex changes, or positive electromyography findings that correlate with the cervical spine. The medical records provided for review do not show evidence of an MRI imaging study which demonstrates any compression of cervical nerve roots or any evidence of spinal stenosis or instability. The medical necessity of cervical fusion surgery is not established because there is no MRI imaging study showing nerve root compression. In addition, the x-rays do not show any evidence of instability. Also, there are no red flag indicators for cervical fusion surgery such as fracture, tumor, or progressive neurologic deficit. Criteria for cervical surgery are not met.

MRI of the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip and Pelvis Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, Hip and Pelvis Procedure

Decision rationale: The Official Disability Guidelines indicate that indications for an MRI include, osseous, articular or soft tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft tissue injuries, tumors, exceptions for MRI, suspected osteoid osteoma, and labral tears. The medical records do not establish any medical necessity for an MRI of the left hip. The medical records do not document any significant functional objective deficits examination of the left hip. Criteria for left hip MRI are not met.

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.

Two (2) day inpatient hospital stay:

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.

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.