

Case Number:	CM13-0052538		
Date Assigned:	12/27/2013	Date of Injury:	10/07/2011
Decision Date:	03/10/2014	UR Denial Date:	11/01/2013
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 Spine 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 has chronic neck and arm pain. She has a diagnosis of cervical spondylitic radiculopathy at C4-5 and C5-6. She complains of pain radiating from the neck to the bilateral arms with numbness and tingling. Physical examination reveals tenderness to palpation of the posterior cervical muscles. Range of motion is reduced in all planes. Deep tendon reflexes are equal and symmetric at the biceps triceps and brachioradialis. Sensation is decreased to light touch in C5 and C6 bilaterally. Normal motor examination is documented in the bilateral upper extremities. Imaging studies AP and lateral x-ray show degenerative disc condition at C4-5 C5-C6. MRI of the cervical spine shows disc protrusions that are small at C2-3 C3-4. There is a broad disc bulge at C4-5 causing foraminal narrowing. There is a 2 mm disc bulge at C5-C6 and C6-C7. There is no severe cord compression. At C5-6 there is foraminal narrowing. Patient has had nonoperative measures to include medications and exercises. At issue is whether two-level anterior cervical discectomy and fusion is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy & fusion at C4-5, C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Su. .rg. i.c.a.l.C. .on. .si.d.e.r.a.t.i.o.n.s.

Decision rationale: This patient has not been established criteria for cervical decompression and fusion surgery. Specifically, the patient does not have any evidence of radiographic instability cervical spine. Also the MRI did not show any evidence of cord compression or myelopathy. While the patient does have degenerative changes at multiple levels and some evidence of foraminal narrowing at C5-C6, the physical examination demonstrates normal motor function and no specific radiculopathy related to nerve root compression as evidenced on the MRI. This patient has multiple levels of degeneration without instability and cervical spine fusion surgery at multiple levels is not medically necessary. Criteria for multilevel cervical spine fusion surgery are not met.

In-patient hospital stay, 3 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: Since her surgery is not medically necessary, then all other associated items are not needed.

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 her surgery is not medically necessary, then all other associated items are not needed.

Cervical brace: 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 her surgery is not medically necessary, then all other associated items are not needed.

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: Since her surgery is not medically necessary, then all other associated items are not needed.

TENS unit: 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 her surgery is not medically necessary, then all other associated items are not needed.

Hot/cold therapy unit: 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 her surgery is not medically necessary, then all other associated items are not needed.