

Case Number:	CM13-0059268		
Date Assigned:	04/25/2014	Date of Injury:	04/12/2013
Decision Date:	06/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 47-year-old gentleman who injured his neck in a work related accident on 04/12/13. Records provided for review, note that the claimant slipped and fell on a floor sustaining a head laceration and subsequent injuries to the neck, low back and thoracic spine. The report of an MRI dated 07/30/13, showed the C4-5, C5-6 and C6-7 level with foraminal narrowing and disc protrusion. The report of a follow up visit on 10/25/13, noted continued neck and low back complaints. There was no documentation of subjective radicular findings.

Physical examination demonstrated a positive Spurling's test, diminished sensation over the lateral aspect of the left upper arm and forearm bilaterally, weakness with deltoid and biceps testing bilaterally and equal and symmetrical reflexes. The cervical spine exam documented tenderness to palpation and diminished motion. Conservative care had included physical therapy and medication management with topical agents. Operative intervention in the form of a two level fusion, an assistant surgeon and a three day inpatient length of stay were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. INPATIENT TWO TO THREE (2-3) DAY SURGERY-ANTERIOR CERVICAL DECOMPRESSION AND FUSION AT C4 - C5 AND C5-6 WITH AN ASSISTANT SURGEON IS NOT MEDICALLY NECESSARY AND APPROPRIATE.

The Claims Administrator based its decision on the MTUS ACOEM GUIDELINES, 2004

UPDATES, CHAPTER 8, NECK/UPPER BACK, PAGES 165, 180, 183, and the Non-MTUS Citation: THE OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT IN WORKER'S COMP, 18th EDITION, 2013: NECK PROCEDURE – FUSION, ANTERIOR CERVICAL, and the ODG, INDICATIONS FOR SURGERY – DISCECTOMY/LAMINECTOMY (EXCLUDING FRACTURES). The Claims Administrator also based its decision on the Non-MTUS Citation: MILLIMAN CARE GUIDELINES, INPATIENT AND SURGICAL CARE, 16TH EDITION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165,180. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT IN WORKER'S COMP, 18th EDITION, 2013: NECK PROCEDURE, CERVICAL FUSION, ANTERIOR - HOSPITAL LENGTH OF STAY (LOS) AND MILLIMAN CARE GUIDELINES 18th EDITION: ASSISTANT SURGEON, ASSITANT SURGEON GUIDELINES.

Decision rationale: According to the MTUS ACOEM Guidelines, supported by Official Disability Guidelines and Milliman Care Guidelines, the request for anterior cervical decompression and fusion at C4-5 and C5-6 with an inpatient stay and use of an assistant surgeon cannot be recommended as medically necessary. The records provided for review do not contain any documentation of acute compressive pathology at the C4-5 or C5-6 level to support the role of a two (2) level fusion. Furthermore, Milliman Care Guidelines criteria would not support the role of a "two or three" day inpatient stay following surgical fusion process, as the Milliman Care Guidelines only recommend a one (1) day inpatient stay. The specific request in this case would not be indicated as medically necessary.