

Case Number:	CM13-0059318		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2012
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
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:

This is a 51-year-old who was injured on 01/27/12. The medical records provided for review identified specific treatment of the claimant's low back. There is no documentation of clinical assessments or physical exam findings of the cervical spine. There is an MRI report dated 11/11/13 of the cervical spine revealing a C5-6 disc protrusion and disc bulging at the C4-5 level with a disc osteophyte complex and facet changes. There is no documentation of conservative treatment aimed at cervical complaints such as medications, physical therapy, injection care, activity modification or other forms of care. The review is for recommendation for a C4-5 and C5-6 anterior cervical discectomy and fusion with a three day inpatient length of stay, an assistant surgeon, preoperative medical clearance and postoperative use of a cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY, DECOMPRESSION AND INSTRUMENTAL FUSION, ALLOGRAFT, AUTOGRAFT, SYNTHETIC GRAFT, BONE MARROW ASPIRATION, ILIAC CREST BONE GRAFT C4-C5 AND C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166,180.

Decision rationale: The California ACOEM Guidelines do not support the request for the anterior cervical discectomy, decompression, and instrumental fusion, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft C4-5 and C5-6. The records provided for review only contain an MRI report but do not identify any physical examination to correlate the claimant's current symptoms with imaging findings. There is also a lack of documentation regarding conservative measures provided for the claimant's symptoms. Therefore, based upon the medical records provided for review and ACOEM Guidelines, the surgery cannot be recommended as medically necessary.

2-3 DAY INPATIENT STAY: 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.

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.

PRE-OP 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.

VISTA COLLAR: 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.