

Case Number:	CM13-0063121		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2011
Decision Date:	04/29/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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:

he female patient has a date of injury 9/1/11. MRI from 7/12/12 reveals mild kyphoscoliosis of the cervical spine. She has Minimal degenerative retrolisthesis of C5 and borderline mild central canal stenosis at C5-6. At C4-5 there is moderate to severe disc degeneration with moderate spondylosis and broad based posterior disc bulge. Mild right and moderate to severe left foraminal stenosis. At the C6-7 there is moderate disc degeneration with mild diffuse disc bulge. The exam notes from 10/22/13 demonstrate paravertebral muscle spasm. Positive axial loading test is noted. There is extension of symptomatology in the upper extremities with a positive Spurling's maneuver. The patient has weakness and numbness in the bilateral shoulders, arms, and hands. An X-ray from 10/22/13 reveals cervical spondylosis, most pronounced at C5-6 with functional kyphotic deformity and some instability. Non surgical measures were performed on 10/22/13 including intramuscular injection of Toradol and Marcaine as well as B-12 complex. Pending results of EMG/NCV testing. Treating physician is requesting C4-7 fusion with 2-3 day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 anterior cervical discectomy with implantation of hardware: 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), Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The submitted clinical does not support medical necessity for cervical fusion as the guideline criteria has not been completely satisfied. There is no evidence that other etiologies have been ruled out and electrodiagnostic studies are pending. Therefore the determination is for non-certification.

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: As the surgical procedure is non-certified as not medically necessary then the decision for 2-3 day inpatient stay is not medical necessary and non-certified.

Co-surgeon:

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: As the surgical procedure is non-certified as not medically necessary then the decision for co-surgeon is not medical necessary and non-certified.

Medical clearance with internist: 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: As the surgical procedure is non-certified as not medically necessary then the decision for medical clearance is not medical necessary and non-certified.

Cervical 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: As the surgical procedure is non-certified as not medically necessary then the decision for cervical collar is not medical necessary and non-certified.

Minerva collar #1: 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: As the surgical procedure is non-certified as not medically necessary then the decision for Minerva is not medical necessary and non-certified.

Miami J collar with thoracic extension #1: 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: As the surgical procedure is non-certified as not medically necessary then the decision for Miami J Collar is not medical necessary and non-certified.

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: As the surgical procedure is non-certified as not medically necessary then the decision for bone growth stimulator is not medical necessary and non-certified.