

Case Number:	CM13-0063854		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2011
Decision Date:	05/22/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 41-year-old female who sustained a neck injury on September 15, 2011. A September 24, 2013 MRI report of the cervical spine showed C4-5 small central disc protrusion with no compressive pathology, as well as a C5-6 central to right paramedian disc protrusion with displacement of the exiting right C6 nerve root. An orthopedic assessment on October 24, 2013 described ongoing neck complaints with radiating bilateral symptoms, and right greater than left upper extremity radicular symptoms. Physical examination findings on that date demonstrated weakness at 4/5 to the bilateral deltoid and the right biceps. There was also documentation of sensory changes to the C5 and C6 dermatomal distribution. Records state the claimant failed conservative measures including physical therapy, epidural injections, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-6 ANTERIOR CERVICAL DISCECTOMY AND FUSION/ACI: 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 Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180.

Decision rationale: Based on the California ACOEM guidelines, the two-level anterior cervical discectomy and fusion is not medically necessary. Although the September 2013 MRI report documents compressive pathology at the C5-6 level, there is no indication of compressive pathology or correlative findings at the C4-5 level to support the need for the two-level procedure in question. Lack of clinical correlation between compressive findings on imaging and examination fail to necessitate surgical intervention. As such, the request is not medically necessary.

ASSISTANT SURGEON/PA: 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.

ONE DAY HOSPITAL 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.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

BONE GROWTH STIMULATOR (RENTAL OR PURCHASE): 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.

POSTOPERATIVE PHYSICAL THERAPY: 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.