

Case Number:	CM13-0065730		
Date Assigned:	01/03/2014	Date of Injury:	10/26/1995
Decision Date:	03/27/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/13/2013

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 Orthopaedic 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:

64 year old female with industry injury 10/26/95. MRI from 3//27/13 reveals disc herniation at C4-5, C5-6, and C6-7 with significant left sided foraminal stenosis and nerve compression left worse than right. Exam notes from 11/25/13 demonstrate neck pain rated 4-5/10 with radiation into bilateral upper extremities and bilateral trapezius with associated numbness, tingling and paresthesias. Records revealed paraspinal spasm and tenderness, positive Spurling's test, weakness of the wrist extensor, flexors, biceps, triceps and decreased sensation to light touch over left forearm. Cervical epidural injections on 10/22/13 offered 50% relief. Exam notes from 1/6/14 demonstrates patient complaints of constant neck pain rated 5/10 and low back pain 7/10, pain/weakness in left wrist and left knee pain. Spurling's test is negative. Motor exam reveals mild weakness in wrist extensors, flexors, biceps, and triceps. Diagnosis of cervical stenosis post injection with improvement. Request for ACDF at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and Upper Back Chapter

Decision rationale: The submitted clinicals do not support medical necessity for cervical fusion. There is no demonstration of findings on MRI of the cervical spine correlating with physical examination. No evidence of failure of recent physical therapy. Therefore the determination is for non-certification.

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.

Internal medicine 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.

One (1) night 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.

Cervical brace through [REDACTED] Solutions: 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.

Twelve (12) post-op physical therapy sessions through [REDACTED]: 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.