

Case Number:	CM13-0066118		
Date Assigned:	01/03/2014	Date of Injury:	10/04/2002
Decision Date:	04/29/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Spine Surgery and is licensed to practice in Texas. 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 patient is a 48-year-old male who reported an injury on 10/04/2002. The patient was reportedly injured when a 350-pound roll of steel fell on his neck. The patient is currently diagnosed with lumbar degenerative disc disease, lumbar spinal stenosis, cervical spine stenosis, acquired spondylolisthesis, disc herniation in the cervical spine with myelopathy, and radiculopathy/brachial neuritis. The patient was seen by [REDACTED] on 10/30/2013. The patient reported ongoing neck pain, stiffness, headaches, and radiating left upper extremity pain. Physical examination on that date revealed diminished sensation in a C6 and C7 distribution to the left, 50% range of motion, positive Spurling's maneuver, and weakness in the left upper extremity. The treatment recommendations at that time included a decompression and fusion at C4-5 and C6-7. The patient underwent a previous MRI of the cervical spine on 09/26/2013, which indicated attenuation of the ventral subarachnoid space at C4-5 without impingement on the spinal cord or nerve roots, and spinal fusion at C5-6 with minimal compression on the right ventral aspect of the thecal sac and moderate right neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C5-6 ANTERIOR CERVICAL DISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy-Laminectomy-Laminoplasty

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation is indicated for patients who have persistent and severe disabling shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence indicating a lesion; and unresolved symptoms after conservative treatment. Official Disability Guidelines state prior to a discectomy, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling's test. There should also be evidence of motor deficit, reflex changes, or positive EMG findings. There must also be evidence that the patient has received and failed at least a 6 to 8 week trial of conservative care. As per the documentation submitted, the patient's physical examination does reveal diminished sensation in a C6 and C7 distribution with weakness in the left upper extremity and positive Spurling's maneuver on the left. However, the patient's cervical MRI scan dated 09/26/2013 did not indicate abnormal findings at the C4-5 level. The patient has had a previous fusion at C5-6. There is also no mention of this patient's failure of at least 6 to 8 weeks of conservative treatment. Based on the aforementioned points, the patient does not meet criteria for the requested procedure. As such, the request is non-certified.

C4-5, C5-6 ANTERIOR FUSION WITH ICBG, PLATE AND CAGES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, Anterior Cervical

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation is indicated for patients who have persistent and severe disabling shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence indicating a lesion; and unresolved symptoms after conservative treatment. Official Disability Guidelines state anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved conditions. As the patient's anterior cervical discectomy has not been authorized, the current request is also not medically appropriate. As such, the request is non-certified.

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.

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.

HARD 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.

SOFT SHOWER 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.