

Case Number:	CM13-0067589		
Date Assigned:	01/03/2014	Date of Injury:	01/18/2001
Decision Date:	04/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 New York. 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:

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 54-year-old female with the date of injury of 18 January 2001. The patient complains of chronic neck and back pain. She had ACDF surgery in 2006 at the C5-C6 level. She also had lumbar surgery in 2001 for decompression and fusion from L4-S1. She has chronic neck pain. She also complains of numbness in both hands. On physical examination, the cervical spine demonstrates limited range of motion and normal strength and sensation in the upper extremities. She had positive carpal tunnel compression test bilaterally. Reflexes are symmetrical. The patient has had neurophysiologic testing from December 16, 2013 that demonstrates no evidence of cervical radiculopathy in the region of C5-T1 nerve roots bilaterally. The medical records do not contain documentation of a recent MRI or x-ray. At issue is whether additional cervical spine fusion is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 hardware removal with exploration of fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines: Surgical Considerations

Decision rationale: This employee does not meet established criteria for cervical spine surgery. The medical records do not indicate any evidence of cervical instability, fracture, or failure of previous instrumentation. There is no evidence of pseudoarthrosis. There is no evidence of failure fusion. The employee's physical exam does not document any evidence of cervical radiculopathy. Physical exam shows normal neurologic function of the bilateral upper extremities. Neurophysiologic testing from 2013 is normal with respect to no evidence of cervical radiculopathy. Established criteria for cervical spine surgery are not met.

C4-5 anterior cervical discectomy and fusion with cadaver bone: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Guidelines: Surgical Considerations

Decision rationale: This employee does not meet established criteria for cervical spine surgery. The medical records do not indicate any evidence of cervical instability, fracture, or failure of previous instrumentation. There is no evidence of pseudoarthrosis. There is no evidence of failure fusion. The employee's physical exam does not document any evidence of cervical radiculopathy. Physical exam shows normal neurologic function of the bilateral upper extremities. Neurophysiologic testing from 2013 is normal with respect to no evidence of cervical radiculopathy. Established criteria for cervical spine surgery are not met.

Soft shower collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines: Surgical Considerations

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Guidelines: Surgical Considerations

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

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Guidelines: Surgical Considerations

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

Twenty-three (23)-hour inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Guidelines: Surgical Considerations

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