

Case Number:	CM13-0067866		
Date Assigned:	01/17/2014	Date of Injury:	03/22/2012
Decision Date:	05/20/2014	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 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:

This claimant is a 53-year-old individual who reported an injury to his neck incurred in a work related accident on March 22, 2012. Clinical records available for review include a recent January 13, 2014 follow-up assessment indicating continued complaints of neck pain with spasm. Physical examination on that date showed restricted cervical range of motion with radiating left arm pain with Spurling's testing, 5/5 motor strength to the upper extremities, full sensation and equal and symmetrical deep tendon reflexes. The claimant was diagnosed with cervical radiculopathy and spondylosis. A two level C5-6 and C6-7 anterior cervical discectomy and fusion was recommended for further intervention. In review of imaging in the form of an MRI report of October 8, 2013, that study showed the C5-6 level with moderate canal stenosis secondary to degeneration and disc protrusion. The C6-7 level was with a disc osteophyte complex, but no significant neural compressive finding. The claimant is reported to have failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY WITH FUSION AND INTERBODY GRAFT C5-6, C6-7: Upheld

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

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

Decision rationale: California MTUS ACOEM Guidelines would not support a medical necessity for the two level anterior cervical discectomy and fusion. The clinical records do not document the presence of radicular findings. The claimant most recently was with a normal motor, sensory and reflexive examination. Given the degenerative findings on imaging, and lacking clinical correlation on imaging and examination between the C5-6 and C6-7 level the medical necessity for the requested surgery has not been established.

HOSPITAL STAY (X1 DAY): Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a hospital stay would not be indicated as the need for operative intervention has not been established.

ASSISTANT SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon

Decision rationale: MTUS Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistant surgeon would not be indicated as the need for operative intervention has not been established.

CARDIAC CLEARANCE REFERRAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: California MTUS Guidelines would not support the need for cardiac clearance as the need for operative intervention has not been established.

