

Case Number:	CM13-0068371		
Date Assigned:	01/03/2014	Date of Injury:	07/27/1981
Decision Date:	04/02/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 patient is a 54-year-old male with the date of injury of 27 July 1981. The patient has been treated for chronic neck pain. He reports headaches and limited range of motion due to pain and stiffness in his neck. Physical examination reveals decreased cervical range of motion and increased tone in the right trapezial muscle. Adson's maneuver was negative. Neurological examination was reportedly within normal limits. X-rays of the spine show 67 fusion with degenerative disc condition at C5-6. At issue is whether cervical spine surgery 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:

One C3-C6 anterior cervical microdiscectomy with implantation of hardware: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient has not been established criteria for anterior cervical spine fusion. Specifically, there is no evidence of neurologic deficit present neurologic examination. In addition, there is no evidence of spinal instability radiographically. The patient does not have

documented neurologic deficit. There are no red flag indicators for spinal fusion surgery such as tumor, fracture, or instability the spine. Established criteria for cervical spine decompression and fusion surgery are not met.

2-3 day 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 surgery is not medically necessary, than all other associated items are not needed.

one 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 surgery is not medically necessary, than all other associated items are not needed.

one medical clearance with [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 surgery is not medically necessary, than all other associated items are not needed.

one Minerva Mini Collar #1 ([REDACTED]) 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 surgery is not medically necessary, than all other associated items are not needed.

Miami J Collar with thoracic extension #1 ([REDACTED]) 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 surgery is not medically necessary, than all other associated items are not needed.

one bone stimulator: 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 surgery is not medically necessary, than all other associated items are not needed.