

Case Number:	CM13-0070567		
Date Assigned:	12/27/2013	Date of Injury:	05/08/2012
Decision Date:	01/23/2014	UR Denial Date:	11/26/2013
Priority:	Expedited	Application Received:	12/26/2013

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, Washington, and New Hampshire. 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 39-year-old female with the chief complaint of right shoulder blade pain, head pain, right arm weakness. She's had this problem since May 2012. MRI scan shows herniated disc C6-7 on the right side. There is also a disc herniation on the left side at C6-7. At C. 5/6 there is a central disc herniation compressing the spinal cord and exiting C6 nerve root on the right. Patient has been treated with acupuncture. She is still had severe head pain and right arm weakness. On physical examination she has restriction of neck motion due to pain. She has decreased biceps and triceps reflexes in the right arm. She has a positive Babinski on the left side. Hoffman sign is negative bilaterally. She has approximately 50% of normal neck motion. The patient reports 3/10 pain on VAS scale. She continues to use over-the-counter medications with Excedrin. There is no documentation of adequate trial of failure of physical therapy. At issue is whether or not surgery for decompression at C5-C6 and C6-7 with disc replacement arthroplasty is medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT spinal cord decompression C5-6, C6-7 with disc replacement arthroplasty:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG Neck and Upper Back, Discectomy-Laminectomy-Laminoplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: This patient does not meet criteria for two-level cervical decompression and disc arthroplasty surgery at this time. Specifically there is no documentation the records of adequate trial of failure of conservative measures to include physical therapy. Adequate conservative measures must be tried and failed prior to proceeding with cervical decompression and fusion surgery. In this case, the patient has had symptoms for over a year with no documentation of severe progressive neurologic deficit. A trial of conservative measures to include physical therapy must be tried and failed prior to proceeding with surgery. The patient has only attempted acupuncture according to the medical records. While the patient desires to proceed with surgery, the cervical surgery is not medically necessary at this time..

URGENT 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, the other associated items or not needed.

URGENT pre-op blood work: 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, the other associated items or not needed

URGENT 3 days hospital 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, the other associated items or not needed