

Case Number:	CM14-0001866		
Date Assigned:	01/07/2014	Date of Injury:	04/26/2010
Decision Date:	01/23/2014	UR Denial Date:	12/26/2013
Priority:	Expedited	Application Received:	01/07/2014

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 Orthopaedic Surgery, and is licensed to practice in New Hampshire, New York, and Washington. 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:

Date of injury is April 26, 2010. The patient complains of back pain and loss of feeling in the mid abdominal region. There is urinary and bowel incontinence that this is been chronic. The patient has difficulty moving his legs. Sensation was absent just below the costal margin all the way down to the legs. Patient if it's the difficulty moving his legs. The patient had previous multilevel anterior cervical discectomy and fusion surgery. He is also I posterior lumbar decompression and fusion. Physical examination demonstrates sensory level at C4-5 and weakness in both lower extremities no better than 2/5 in all muscle groups. Irrigation motor function is documented on repetitive examination in the lower extremities. X-rays reveal anterior cervical plate fixation from C4-C7. It appears that bone S1 posterior to the cervical cage. Cervical MRI reveals significant cord compression at the C4-5 level and a signal change in spinal cord. At issue is whether urgent laminectomy at C4-5 with pedicle screw placement effusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy at C4-C5 with pedicle screw replacement and posterolateral fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

Decision rationale: The Physician Reviewer's decision rationale: Additional cervical spine fusion and decompression surgery is not medically necessary in this case. The medical records do not document a cervical level neurologic deficit. Additionally, the imaging studies do not correlate with the physical examination. The patient has a documented T4-5 sensory level- not a cervical level deficit. Also, There is not evidence of cervical myelopathy in the upper extremities. In addition there is not evidence of the C4-5 level cord compression symptomatology on physical examination. Also, the patient has a previous cervical fusion in this level. There is no motion from C4-C7 in the region of the previous fusion surgery. The surgery is not medically necessary.

Two (2) days 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.