

Case Number:	CM14-0001906		
Date Assigned:	01/24/2014	Date of Injury:	07/07/2011
Decision Date:	07/03/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Fellowship Trained in Spine Surgery and is licensed to practice in California and Texas. 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:

The injured worker is a 56-year-old female who reported an injury on 07/07/2011, after she opened a large car door that fell on her head. The injured worker reportedly sustained an injury to her neck. The injured worker underwent an MRI of the cervical spine dated 09/26/2013, that concluded there was a disc bulge at the C4-5 with moderate right neural foraminal narrowing and a disc bulge at the C5-6 with mild indentation on the thecal sac; and mild to moderate neural foraminal narrowing. The injured worker was evaluated on 11/07/2013. It was documented that the injured worker had restricted cervical spine range of motion, with decreased sensation in the C5-6 distribution and C6-7 distribution with positive Spurling's sign. It was documented that the injured worker had failed all nonoperative treatments and was a candidate for surgical intervention. The injured worker was again evaluated on 01/22/2014. It was documented that the injured worker had physical findings to include restricted cervical spine range of motion secondary to pain, with a positive head compression test and Spurling's sign, and decreased sensation in the C5-6 and C6-7 dermatomal distributions. However, it was noted that the injured worker had normal motor strength of the bilateral upper extremities. The injured workers diagnoses include neck pain and bilateral scapular and arm pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT LENGTH OF STAY (IP/LOS) OF 2 TO 3 DAYS, WITH AN ANTERIOR CERVICAL DECOMPRESSION AND FUSION AT THE C5-C6, C6-C7 LEVELS WITH INSTRUMENTATION AND BONE GRAFT WITH AN ASSISTANT SURGEON: 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 Page(s): 179-180.

Decision rationale: The American College of Occupational and Environmental Medicine does not support fusion surgery for patients with chronic cervical neck pain without evidence of instability. The clinical documentation does not provide any evidence of instability. Therefore, a fusion would not be supported. Additionally, the American College of Occupational and Environmental Medicine recommends a psychological evaluation referral for this type of surgery. The clinical documentation fails to provide any evidence of a psychological evaluation. As it does not appear that the injured worker is a surgical candidate at this time, all ancillary requests related to the surgical intervention are also not supported. As such, the requested inpatient length of stay (IP/LOS of 2 to 3 days), with an Anterior Cervical Decompression and Fusion at the C5-6 and C6-7 levels with instrumentation and bone graft with an assistant surgeon is not medically necessary or appropriate.