

Case Number:	CM14-0009214		
Date Assigned:	03/05/2014	Date of Injury:	02/14/2011
Decision Date:	10/01/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/23/2014

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 Neurological 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:

The records reflect that this is a 59 year old female whose date of injury is reported to be February 14, 2011. The mechanism of injury is undisclosed. The diagnosis listed is nonspecific low back pain. It is also noted was a bilateral open carpal tunnel release had been completed along with an anterior cervical fusion of C4 to C7 in January, 2013. A request for revision of the fusion and extension to T1 is noted. There were complaints of worsening neck pain. Physical examination demonstrated a decrease in cervical range of motion, and upper extremity symptoms are also noted. A previously completed MRI the cervical spine noted spondylosis. Electrodiagnostic testing noted a carpal tunnel syndrome only. A high resolution CT scan was obtained noting a 3 level fusion and no evidence of compromise of the fusion mass. The requesting provider stated that the significant pathology missed by the radiologist is the basis for the requested surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision with extension of fusion from c4-t1: Upheld

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

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) Cervical and Thoracic Spine Disorders-Clinical Measures: Surgical Considerations-Spinal Fusion (Electronically Cited).

Decision rationale: When noting the date of injury, the injury sustained, the findings reported by the board certified radiologist (as opposed to the determination of the films made by the requesting provider), there is no data presented to suggest the need for additional surgical intervention. There is no identified halo or any other significant change identified. Therefore, based on this conflict of opinion, there is insufficient data presented to support this request.

Physical therapy 2x6 cervical spine: 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.

Medical clearance: 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.