

Case Number:	CM14-0009316		
Date Assigned:	02/14/2014	Date of Injury:	10/16/2012
Decision Date:	06/24/2014	UR Denial Date:	01/01/2014
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 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 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 patient is a 47-year-old female who was injured at work in October 2012. She has a diagnosis of cervical disc displacement. She complains of chronic neck pain and bilateral upper extremity pain numbness. The pain is greater left than on the right side. She has weakness of the left triceps and wrist extensors. The conservative management including physical therapy medications has not helped. The physical exam shows tenderness in the neck region to palpation. She has reduced range of neck motion. Neck extension produces pain in the left arm and right shoulder. She has weakness of the left triceps and left finger extensors. There is diminished sensation or long finger of the left hand. The MRI the cervical spine from October 2013 shows multilevel disc degeneration. She has mild central stenosis at multiple levels including C4-5 C6-7. She has moderate stenosis at C3-4 and C6-7 were no evidence of significant central or foraminal stenosis. At issue is whether anterior cervical and posterior cervical surgery at C6-7 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR C6-7 CERVICAL DISCECTOMY AND FUSION WITH INSTRUMENTATION, C6-7 POSTERIOR LAMINECTOMY.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Surgical Considerations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Surgical Considerations.

Decision rationale: This patient has chronic axial neck pain and arm symptoms and multiple levels of cervical disk degeneration on MRI imaging. There is MRI evidence of mild central stenosis at c5-6 and c6-7 only moderate stenosis at C3-4. There is no documented instability. There is no examination documented finding of myelopathy and no clearly documented cervical radiculopathy on examination that is correlated with the cervical MRI findings. There is no specific neurologic compression on the MRI that has physical examination documentation of radiculopathy. Fusion and decompression surgery for disc degeneration for axial neck pain without defined radiculopathy or myelopathy and that is NOT substantiated with MRI imaging of neural compression is not likely to relief symptoms in cases of multiple levels of cervical degeneration. MTUS criteria for neck decompression and fusion are not met.

3-4 DAY HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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.

INTRA-OPERATIVE MONITORING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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.

POSTOPERATIVE PURCHASE HOT/COLD THERAPY UNIT WITH WRAP FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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.