MAXIMUS Federal Services

Case Number:	CM14-0103258		
Date Assigned:	07/30/2014	Date of Injury:	02/17/2011
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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, presented for review, indicate that this 74-year-old individual was reportedly injured on 2/17/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/17/2014, indicated that there were ongoing complaints of neck pain that radiated into the right shoulder. The physical examination demonstrated good muscle strength in bilateral upper extremities, some triceps weakness on physical exam and muscle strength 5/5. Intact sensation throughout bilateral upper extremities. Spurling's maneuver does not produce pain going down into the arm. Reflexes remain equal symmetric without pathological response. Negative Hoffman's sign. Diagnostic imaging studies included mention of an MRI of the cervical spine, which revealed asymmetric vertebral spurring, causing moderate right sided foraminal stenosis related to the spur. Previous treatment included injections, medications and conservative treatment. A request had been made for cervical discectomy and fusion of C6-C7, one day inpatient hospital stay, request for surgical assistant,and was not certified in the pre-authorization process on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 Anterior Cervical discectomy and fusion QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment in Workers Comp, Upper Back & Neck Procedure, Indications for discectomy/laminectomy (excluding fractures).

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

Decision rationale: Cervical discectomy with fusion is recommended for patients with subacute or chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate non-operative treatment. After reviewing the medical documentation provided, there were limited physical exam findings necessitating surgical intervention. No significant documentation of radiculopathy in a specific dermatome. Therefore, request for C6-C7 Anterior Cervical Discectomy And Fusion is deemed not medically necessary.

1 day Inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, Upper Back & Neck Procedure, Hospital Length of Stay (LOS) Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) hospital length of stay. Updated 8/4/2014.

Decision rationale: Without approval of the requested surgical procedure, the necessity for a one day inpatient hospital stay is unnecessary. Therefore, this request for One Day Inpatient Stay is deemed not medically necessary.

Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Millman Care Guidelines, Assistant Surgeon.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back-lumbar and thoracic (acute and chronic) Surgical Assistant. Updated 7/3/2014.

Decision rationale: Without approval of the requested surgical procedure, the necessity for a Surgical Assistant is unnecessary. Therefore, request for Surgical Assistant is deemed not medically necessary.