

Case Number:	CM14-0104977		
Date Assigned:	08/06/2014	Date of Injury:	04/11/2001
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 injured worker is a 61 year-old male who was reportedly injured on April 11, 2001. The most recent progress note dated June 9, 2014, indicates that there were ongoing complaints of neck and low back pain. The symptoms are noted to be at the C6-C7 level; however, the narrative indicates that a fusion from C3 through T2 is suggested. Anterior cervical fusions are noted to have occurred at C5-C6 & C6-C7. The physical examination demonstrated a well-developed, well-nourished individual in no acute distress. Decrease sensation is noted in the bilateral upper extremities and there is decreased grip strength. No other focal deficits are reported. Diagnostic imaging studies objectified ordinary disease of life degenerative changes noted in the lumbar spine. A request was made for cervical fusion and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Cervical Discectomy / Decompression, Fusion (Cervical) C3-7, (Thoracic) T2:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Surgical Considerations, Chronic Pain Treatment Guidelines ESI.

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: Cervical fusion is recommended at times with discectomy. However, there is insufficient clinical information presented to support a discectomy at four levels of the cervical spine. Multiple level ordinary disease of life degenerative changes are noted but there is no physical examination evidence to support a radiculopathy at each level or that multiple levels are to be surgically addressed. Therefore, based on the clinical information presented for review tempered by the parameters noted in the ACOEM guidelines this is not medically necessary.

Assistant Surgeon: 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.

2-3 Days In-Patient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): SURGICAL CONSIDERATIONS, Chronic Pain Treatment Guidelines ESI.

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: It is noted that the underlying surgery questions not medically necessary, therefore this request is not medically necessary.

Pre-Op (Pre-Operative) Lab Comprehensive Metabolic Panel (CMP), Prothrombin time (PT), Partial thromboplastin time (PTT), complete blood count (CBC), Urinalysis (UA),:
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.

Pre-Operative Lab: Chest X-Ray (CXR): 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.

Pre-Operative Lab: Electrocardiogram, (EKG): 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.

Durable Medical Equipment (DME): Cervical Spine Hard Collar: 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.

Durable Medical Equipment (DME): Cervical Spine Soft Collar: 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.

Bilateral Lumbar Epidural Injection at (Lumbar) L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): SURGICAL CONSIDERATIONS,Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46 OF 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, there is support for epidural steroid injections when radiculopathy has been corroborated with a letter diagnostic studies and physical examination. The magnetic resonance image studies clearly noted multiple level degenerative disease, however, the specific nerve encroachment is objectified. Furthermore, there is no elected diagnostic evidence of a verifiable radiculopathy and the physical examination does not support such a fine. As such, there is insufficient clinical information presented to establish the medical necessity of such an injection.

Post Injection Physical Therapy (2 times per week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): SURGICAL CONSIDERATIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Pre-Operative 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.

Post-Operative Hospital Visits: 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.

RN (Registered Nurse) Evaluation for Wound Check with Possible Home Health Aide Services: 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.