

Case Number:	CM14-0105975		
Date Assigned:	08/08/2014	Date of Injury:	03/06/2012
Decision Date:	09/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/09/2014

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 45-year-old individual was reportedly injured on March 6, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated August 6, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a straight and upright posture. There were no gait abnormalities reported. There were some increased symptomatology with cervical spine extension. There was no motor deficits and no particular sensory losses identified. Diagnostic imaging studies objectified a minor disc bulge at C3-C4 at C4-C5. There was no noted nerve root compromise identified. Previous treatment included multiple medications, conservative care, and pain management interventions. A request had been made for cervical discectomy fusion, assistant surgeon, physical therapy, preoperative clearance physical examination, laboratory testing, chest x-ray, EKG, Aspen cervical brace and inpatient stay and was not certified in the pre-authorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C5-6 anterior cervical discectomy fusion with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical and Thoracic Spine Disorders; Clinical Measures; Surgical Considerations-Spinal Fusion
Page(s): Electronically Cited.

Decision rationale: As noted in the ACOEM guidelines, there is support for discectomy and/or fusion for patients with chronic radiculopathy due to ongoing nerve root compression who have demonstrated functional limitation. There is no objective occasion of a radiculopathy or nerve root compromise noted on electrodiagnostic assessment. There are minimal disc bulges in this otherwise morbidly obese individual. As such, based on the clinical information presented for review, and by the parameters noted in the ACOEM, there is no medical necessity established for this procedure.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back chapter, updated August 2014.

Decision rationale: When noting that the underlying surgical request is not medically necessary, this request is not medically necessary.

Preoperative clearance: Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

Decision rationale: When noting that the underlying surgical request is not medically necessary, this request is not medically necessary.

Preoperative clearance: Lab work, UA, MRSA Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated September 2014.

Decision rationale: When noting the underlying surgical request is not medically necessary, preoperative laboratory studies are not medically necessary.

Preoperative clearance: Chest XRay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated September 2014.

Decision rationale: When noting the underlying surgical request is not medically necessary, preoperative laboratory studies are not medically necessary.

Preoperative clearance: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated September 2014.

Decision rationale: When noting the underlying surgical request is not medically necessary, preoperative laboratory studies are not medically necessary.

Purchase of Aspen Cervical Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck chapter, updated August 2014.

Decision rationale: When noting the underlying surgical request is not medically necessary, postoperative cervical collars are not medically necessary.

Inpatient Stay x 1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck chapter, updated August 2014.

Decision rationale: When noting that the underlying surgical request is not medically necessary, a hospitalization is not medically necessary.