

Case Number:	CM14-0107599		
Date Assigned:	08/01/2014	Date of Injury:	08/25/2004
Decision Date:	09/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/07/2014

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 56-year-old female was reportedly injured on August 25, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 10, 2014, indicates that there are ongoing complaints of increased cervical spine pain as well as lumbar spine pain. There was a normal upper extremity neurological examination and loss of sensation at the L5 and S1 dermatomes on the left side. There was also a left-sided foot drop. There was a request for a magnetic resonance image of the cervical spine. A diagnostic computed tomography of the cervical spine indicates no evidence of a fusion at C6/C7. Previous treatment includes cervical spine surgery and postoperative physical therapy. A request was made for a revision of an anterior cervical discectomy and fusion at C6/C7 as well as pre-operative labs, electrocardiogram, spinal monitoring, cervical orthosis and a nursing assistant and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Revision Anterior Cervical Discectomy and Fusion C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

Decision rationale: The American College of Occupational and Environmental Medicine supports discectomy and fusion for individuals with subacute or chronic radiculopathy due to ongoing nerve root compression continue to have significant pain and limited function. According to the attached medical record the injured worker does have failed fusion however there is no subjective complaints or objective findings of a radiculopathy. For these reasons this request for an outpatient revision of an anterior cervical discectomy and fusion of C6 - C7 is not medically necessary.

Pre-op H & P with Labs, EKG, Spinal Monitoring, Cervical Orthosis, CRNAF Assistant:
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 - Lumbar and Thoracic, Preoperative Testing, General, Updated July 3, 2014.

Decision rationale: As the accompanying request for cervical spine discectomy and fusion has been determined not to be medically necessary so is this request for preoperative history and physical with labs, electrocardiogram, spinal monitoring, cervical orthosis and a nursing assistant is not medically necessary.