

Case Number:	CM14-0010224		
Date Assigned:	02/21/2014	Date of Injury:	11/21/2002
Decision Date:	10/02/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Mississippi. 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 reflect that this is a 39 year-old individual who was injured in November, 2002. Is also noted that a request for anterior cervical fusion with associated inpatient hospitalization and laboratory studies was not certified. Previous to the noncertification a course of physical therapy had been approved in October, 2013 augmented with multiple pain medications. The progress note from August, 2013 notes a chronic pain syndrome for this injured worker. It is reported that the medications employed were not effective. A worsening of symptomology is noted. Chiropractic care was delivered. The pain level is described as 10/10. MRI the cervical spine noted minimal disc bulging at C3-C4 and C4-C5. Degenerative changes and spondylosis are also noted. The physical examination noted a 6'2", 225 pound individual to be normotensive. The injured worker was reported to be in no acute distress. A repeat cervical spine MRI noted cord compression at C5-C6. Facet hypertrophy is also noted. Additional physical therapy was also completed. A decreased sensation in a C6/C7 distribution is reported. An emergency room evaluation is noted in January, 2014. The clinical assessment was headache without cause.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY AND FUSION WITH INSTRUMENTATION AT C5-C6 AND C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180.

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: California/ACOEM recommendations support discectomy and fusion 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 nonoperative treatment. The record provides a clinical presentation that does not support surgical intervention. There is no objectification of a verifiable radiculopathy and the imaging studies noted degenerative changes and no specific nerve root compromise. As the record indicates that the claimant has been provided conservative care including pharmacotherapy, physical therapy, and cervical epidural injection and activity modifications. While noting there needs to be a reasonable expectation of success, the high-end use of significant narcotic medications with no noted efficacy, and the findings on MRI does not lead one to believe that a successful outcome is medically probable. Therefore, this request is not medically necessary.

TWO DAY INPATIENT STAY: 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: The underlying request for surgery is not clinically indicated, as such, a hospitalization is not supported.

DIAGNOSTIC PRE-OPERATIVE LABS- CBC: 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: Am Fam Physician. 2000 Jul 15;62(2):387-396

Decision rationale: The underlying request for surgery is not supported, preoperative workup is also not supported.

DIAGNOSTIC PRE-OPERATIVE LABS-CMET: 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: The underlying request for surgery is not supported, preoperative workup is also not supported.

DIAGNOSTIC PRE-OPERATIVE LABS-PT/PTT: 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: The underlying request for surgery is not supported, preoperative workup is also not supported.

DIAGNOSTIC PRE-OPERATIVE LABS-UA: 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: The underlying request for surgery is not supported, preoperative workup is also not supported.

DIAGNOSTIC TEST-CHEST X-RAY: 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: The underlying request for surgery is not supported, preoperative workup is also not supported.

DIAGNOSTIC-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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15;62(2):387-396

Decision rationale: The underlying request for surgery is not supported, therefore, preoperative workup is also not supported.