

Case Number:	CM14-0011436		
Date Assigned:	02/21/2014	Date of Injury:	09/01/2011
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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, has a subspecialty in Spinal Surgery and is licensed to practice in New York. 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 patient is a 60-year-old male with injury of September 1, 2011. The patient has chronic neck pain and left shoulder pain. Physical examination revealed normal sensation in all upper extremity dermatomes. MRI from August 2013 revealed C6-7 slight left paracentral disc bulge. There is also C5-C6 annular tear. There is no contact of the cord or nerve root compromise. Current treatment to include medications, ESI, and physical therapy. The patient has been diagnosed with cervical radiculopathy. At issue is whether ACDF at C6-7 is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACDF SPINE SURGERY AT C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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: Surgical Considerations

Decision rationale: The patient does not meet establish criteria for ACDF surgery. Specifically there is no evidence of instability in the neck. There is also no evidence of progressive neurologic deficit. In addition, there is no clear correlation between MRI imaging studies

showing specific compression of the nerve root and physical exam findings showing corresponding radiculopathy in the region of the nerve root. Also, the patient does not have any red flag indicators for spinal fusion surgery such as tumor, fracture, or aggressive neurologic deficit. ACDF surgery is not medically necessary.

PRE-OPERATIVE LABS-CBC,PT,PTT,UA & BMP:

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 med necessary, none of the associated services are medically necessary.

PRE-OPERATIVE-CHEST X-RAY & PRE-OP EKG:

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 med necessary, none of the associated services are medically necessary.

POST-OPERATIVE DME - HARD AND SOFT CERVICAL COLLARS:

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 med necessary, none of the associated services are medically necessary.

POST-OPERATIVE 23 HOUR STAY:

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 med necessary, none of the associated services are medically necessary.