

Case Number:	CM14-0012560		
Date Assigned:	02/21/2014	Date of Injury:	08/10/2006
Decision Date:	08/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine 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:

This is a 62-year-old female patient with an 8/10/06 date of injury. The 3/11/14 progress report indicates persistent neck pain radiating down the right arm to the fingers, index and middle. 10/12/12 cervical MRI demonstrates, at C5-6, mild to moderate central stenosis, right moderate to severe neural foraminal stenosis, severe left neural foraminal stenosis; and, at C6-7, mild central stenosis, mild left neural foraminal stenosis with slight ventral subluxation of C6 on C7. The physical exam demonstrates diminished sensation in the right C6, C7 and C8 dermatomes. Treatment to date has included heat, ice, rest, therapy, medication, cervical ESI, and stimulator. The patient underwent C4-5 fusion in 2009 and spinal cord similar implant in 2010. A right diagnostic transforaminal nerve block and epidural at C5-6 reduce the patient's pain 50 to 60% for two days. There is documentation of a previous 1/15/14 adverse determination for lack of objective clinical radiculopathy and lack of indications for fusion.

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 at C5-6, C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Neck and Upper Back Chapter), ACDF.

Decision rationale: The California MTUS criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, the ODG states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. The patient presents with clinical C5, C6, and C7 radiculopathy corroborated by dermatomal sensory deficits, recalcitrant to prolonged attempts at conservative care including heat, ice, rest, therapy, medication, cervical ESI, and stimulator. However, the formal imaging report dates back to 2012 and demonstrates mild findings only at C6-7. Therefore, the request for anterior cervical discectomy and fusion at C5-6, C6-7 to be done at [REDACTED] was not medically necessary.

Two (2) day inpatient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Hospital Length of Stay.

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

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

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

Medical clearance: Upheld

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

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 & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing).

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