

Case Number:	CM14-0115095		
Date Assigned:	08/04/2014	Date of Injury:	03/20/2012
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/22/2014

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 37-year-old female was reportedly injured on 3/20/2012. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 4/15/2014, indicated that there were ongoing complaints of neck pain that radiated into the upper extremity. The physical examination demonstrated upper extremities deep tendon reflexes were equal symmetric without pathological response. The patient was not hyper reflexive. Negative Hoffman sign. Spurling's maneuver off to the left hand side re-created some of the pain coming down into the scapular region. There was positive tenderness to palpation higher up at the base of the skull at C2-C3. No tenderness at C5-C6. Diagnostic imaging studies included an MRI of the cervical spine, dated 12/9/2013, which revealed disc herniation at C5-C6 that appeared to be contacting the anterior aspect of the cord at this level. The foramina off to the right and left hand side appeared to have moderate stenosis. Previous treatment included acupuncture, medication, and conservative treatment. A request was made for anterior cervical disc fusion at C5-C6, 23 hour inpatient hospital stay, and assistant surgeon and was not certified in the pre-authorization process on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical disc fusion C5-C6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine Disorders.

Decision rationale: California ACOEM recommendations support discectomy and fusion for patients with subacute or chronic radiculopathy due to ongoing nerve root compression and for who continue to have significant pain and functional limitation after at least six weeks and appropriate non-operative treatment. The record provided a clinical presentation that does not support surgical intervention at this time. The most recent physical exam has very minimal findings of radiculopathy, pain, or limitation of function. Also the record failed to indicate that the claimant has been provided conservative care including physical therapy, and cervical epidural injection. Therefore, the request for this surgical procedure is deemed not medically necessary at this time.

Twenty-three hour hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter Best Practice Target.

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 (Acute & Chronic), Hospital Length of Stay (Updated 8/4/2014).

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

Physician's assistant for surgery: 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 and Upper Back (Acute & Chronic), Surgical assistant (Updated 8/4/2014).

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