MAXIMUS Federal Services

Case Number:	CM14-0135545		
Date Assigned:	08/29/2014	Date of Injury:	03/25/2014
Decision Date:	09/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/22/2014

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 Orthopedic Surgery and is licensed to practice in Georgia. 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 46 year old female with neck and arm pain. The request is for an anterior cervical discectomy and fusion C5-6. She was working as a clerk when her neck started hurting and her arms became numb in March, 2014. She has had physical therapy, acupuncture, non steroidal anti-inflammatory drugs, off work 3 months and now disabled, medications such as Norco 100/25 two daily and Paxil 30 mg daily. Exam shows positive Spurling's, pain on range of motion, bilateral shoulder weakness 4/5 and bilateral wrist flexion weakness left worse than right. Her reflexes were all +1/4. Magnetic resonance imaging scan shows severe degenerative disc disease and stenosis C5-6. The treating physician has requested an anterior cervical discectomy and fusion C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy, Fusion C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180-181.

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), Discectomy/laminectomy.

Decision rationale: The Official Disability Guidelines (ODG) state that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. Conservative anterior cervical fusion techniques appear to be equally effective compared to techniques using allografts, plates or cages. Per the Official Disability Guidelines, cervical fusion may demonstrate good results in appropriately chosen patients with cervical spondylosis and axial neck pain. The injured worker has moderate central cervical stenosis C5-6 and moderate foraminal stenosis at C5-6, no mention of nerve compression and has physical signs of cervical radiculopathy and axial pain. This is due to a diagnosis of cervical spondylosis and stenosis at multiple levels of the cervical spine with C5-6 radiculopathy to be the most concerning. The injured worker does not have a traumatic spinal injury (fracture or dislocation) resulting in cervical spinal instability or osteomyelitis (bone infection) resulting in vertebral body destruction. There is no cervical root compression on magnetic resonance imaging scan at C5-6. All necessary list of criteria have not been satisfactorily met for the guidelines. The requested anterior cervical fusion C5-6 is not medically necessary.

Inpatient # day 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, Hospital length of stay.

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), Discectomy/laminectomy.

Decision rationale: As the surgery is not necessary, the inpatient stay is not medically necessary.

Surgical 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Discectomy/laminectomy.

Decision rationale: As the surgery is not medically necessary, the surgical stay is not medically necessary.

Labs: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Preoperative testing, general.

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), Discectomy/laminectomy.

Decision rationale: No pre-op lab work is necessary. As the surgery is not medically necessary, the labs are not medically necessary.

Labs: PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Preoperative testing, general.

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), Discectomy/laminectomy.

Decision rationale: As the surgery is not medically necessary, the labs are not medically necessary.

Labs: PT/INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Preoperative testing, general.

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), Discectomy/laminectomy.

Decision rationale: As the surgery is not medically necessary, the labs are not medically necessary.

Labs: Nares Culture for MRSA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Preoperative Testing, general.

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), Discectomy/laminectomy.

Decision rationale: As the surgery is not medically necessary, the labs are not medically necessary.

DME Soft Collar, to be distributed in office: 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, Cervical Collar, Post Operative (fusion).

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), Discectomy/laminectomy.

Decision rationale: As the surgery is not medically necessary, the soft collar is not medically necessary.