

Case Number:	CM14-0159931		
Date Assigned:	10/03/2014	Date of Injury:	05/06/1993
Decision Date:	11/04/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 64-year-old male who reported an injury on 05/06/1993 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his cervical spine. After years of conservative treatment surgical intervention was recommended. The injured worker underwent a CT myelogram of the cervical spine dated 08/08/2014 that concluded there was a disc bulge at the C4-5 causing right lateral recess stenosis and compressing the right side of the thecal sac; posterior spondylotic ridge at the C6-7 with impression on the thecal sac, but no definitive cord compression. The injured worker was evaluated on 08/28/2014. It was documented that the injured worker had ongoing neck pain and left upper extremity pain and numbness. Physical findings included noticeable atrophy of the left forearm with 4/5 motor strength weakness with finger extension, 4+/5 weakness in the left triceps, and a positive left sided Spurling's test. The patient had mild tenderness to palpation over the midline cervical spine from the C5 to the C7. The injured worker's diagnoses include cervical stenosis, cervical radiculopathy, cord compression, and neck pain. The injured worker's treatment plan included cervical fusion at the C6-7, C5-6, and C4-5. The Request for Authorization dated 09/02/2014 was submitted to support the request

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/ACT C4-C7: Upheld

Claims Administrator 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), Indications for Surgery, Discectomy/Laminectomy (excluding fractures), Cervical Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The requested anterior cervical discectomy and fusion/ACT C4-C7 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for patients who have significant instability consistent with physical findings of radiculopathy that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has significant weakness and evidence of radiculopathy on physical examination. Additionally, the imaging study does support spondylotic changes of the cervical spine. However, the American College of Occupational and Environmental Medicine recommends psychological evaluation prior to a spinal surgery. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a psychological evaluation. The clinical documentation does indicate that the injured worker consumes alcohol daily. In the presence of this information, a psychological evaluation to determine the injured worker's appropriateness for a multilevel spinal surgery would be supported in this clinical situation. As such, the requested anterior cervical discectomy and fusion/ACT C4-C7 is not medically necessary or appropriate.

Surgical Assistant: Upheld

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Collar Post-Operative (Fusion)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

External bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bone Growth Stimulators, Criteria for use for Invasive or Non-Invasive Electrical Bone Growth Stimulators, Article in Neurosurg Focus 13(6), 2002, Morone MD: The Use of Electrical Stimulation to Enhance Spinal Fusion

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

One (1) day inpatient 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 (ODG), Length of Stay

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Physical therapy x 18: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.