MAXIMUS Federal Services

Case Number:	CM14-0020780		
Date Assigned:	04/30/2014	Date of Injury:	06/22/2011
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 claimant is a 49-year-old who sustained an injury to the neck on June 22, 2011. A January 20, 2014 progress report noted continued complaints of neck pain with radiating left arm pain and weakness. Examination showed positive Spurling's testing, restricted cervical range of motion and diminished sensation in a left C7 and C8 dermatomal distribution. There was also noted to be left grip strength deficit and a diminished left biceps tendon reflex. The MRI report of December 19, 2012 revealed a disc protrusion with osteophyte complex at the C6-7 level. Diagnosis was degenerative spondylosis at C6-7 with failed conservative care including chiropractic measures, epidural steroid injections, acupuncture, physical therapy, and medication management. The recommendation made was for an anterior cervical discectomy and fusion at the C6-7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ANTERIOR CERVICAL C6-7 DISCECTOMY, FUSION USING ALLOGRAFT AND ANTERIOR INSTRUMENTATION WITH LOCKING PLATE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 179-181, 183. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The imaging report reveals a degenerative process at the C6-7 level with a degree of central and foraminal stenosis. The medical records provided for review do not document any recent isolated treatment at the C6-7 level or identify a report of previous electrodiagnostic studies that could confirm or refute the presence of an acute radicular process at that level. Therefore, the request for cervical surgery at this chronic stage in the claimant's course of care with no interval change in imaging or clinical presentation cannot be supported. The request is not medically necessary.

2 DAYS IN PATIENT STAY: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 ASSISTANT SURGEON: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 SSEP (BASELINE/INTRA-OP): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 HOME HEALTH CARE INITIAL VISIT PLUS 2 FOLLOW UP VISITS: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.