

Case Number:	CM14-0022480		
Date Assigned:	05/09/2014	Date of Injury:	02/15/2010
Decision Date:	07/11/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 patient is a female with chronic back pain. Physical exam has positive Spurling sign and weakness in the intrinsic and trapezius muscles. She also has decreased reflex in the left triceps. MRI shows C3-4 disc bulge at C6-7 neuroforaminal narrowing. There is also 2 mm disc bulge the C4-5 and C5-C6. Patient had physical therapy ESI injection. Patient continues to have neck pain. At issue is whether ACDF at C6 to medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-3 DAY INPATIENT HOSPITAL 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.

ANTERIOR CERVICAL DISCECTOMY & FUSION AT C6-7: 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), Fusion.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck Pain.

Decision rationale: Patient does not meet establish criteria for cervical spine decompression and fusion surgery. Specifically, there is no correlation to the patient's physical exam and MRI imaging studies showing specific compression of the affected nerve root that corresponds to physical exam deficit shown radiculopathy. There is no clinical evidence of myelopathy. There is no evidence of cervical spine instability. There is no evidence of fracture or tumor or progressive neurologic deficit. Established criteria for cervical spine fusion surgery not met.

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.

ASPEN COLLAR BRACE: 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.