MAXIMUS Federal Services

Case Number:	CM14-0030903		
Date Assigned:	06/20/2014	Date of Injury:	09/24/2009
Decision Date:	07/31/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

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 Pennsylvania. 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 52-year-old man injured on September 24, 2009, while performing his customary and usual job duties. The records note complaints of neck pain, for which the report of a cervical MRI dated January 11, 2014, identified at the C5-6 level diffuse disc bulging but no significant impingement, at the C6-7 level a focal disc protrusion effacing the thecal sac, and no significant spinal stenosis, recess stenosis or foraminal narrowing was noted at any level. Recent conservative treatment has included management with medications, epidural injections, facet joint blocks, chiropractic measures, physical therapy and work restrictions. An anterior cervical discectomy and fusion from C5 through 7 were recommended and ultimately denied by carrier. A follow-up report dated May 21, 2014, describes continued complaints of neck pain with restricted range of motion. The physical examination showed weakness of the left biceps and diminished sensation in the left C5 through 7 dermatomal distribution. This review request addresses an appeal for the cervical discectomy and fusion at C5-6 and C6-7 levels, as well as a preoperative CT scan of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Imaging-- CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

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

Anterior Cervical Discectomy Fusion at C5-6 and C6-7: 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, Indications for Surgery, Discectomy-Laminectomy.

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

Decision rationale: Based on the California ACOEM Guidelines, cervical fusion would not be indicated. While the claimant has continued complaints of pain, the clinical imaging provided for review fails to demonstrate a radicular process at the C5-6 or C6-7 levels. Without clinical correlation between physical examination findings and compressive findings on imaging, the request for surgery would not be established as medically supported. As such, the request is not medically necessary.