

Case Number:	CM14-0032713		
Date Assigned:	06/20/2014	Date of Injury:	08/05/2013
Decision Date:	07/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 Neurological 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 injured worker is a 46-year-old male who was reportedly injured on August 5, 2013. The mechanism of injury was a physical altercation. The most recent progress note, dated February 26, 2014, indicated there were ongoing complaints of right sided upper back pain. The physical examination demonstrated decreased range of motion of the cervical spine with tenderness along the medial right side scapular border. There was normal cervical spine range of motion and a normal upper and lower extremity neurological examination. Diagnostic imaging studies objectified mild congenital stenosis of the cervical spine and right sided neural foraminal narrowing with a disc herniation at C5-C6 and C6-C7. Cervical spine surgery was discussed. Previous treatment included chiropractic care, physical therapy and cervical spine epidural steroid injections with six weeks of relief. A request had been made for C5-C6 and C6-C7 anterior cervical discectomy and arthroplasty, an assistant surgeon, one day hospital stay, Electrocardiography (EKG), as well as preoperative and postoperative appointments and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 and C6-7 anterior cervical discectomy and arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Discectomy/ laminectomy, updated May 30, 2014.

Decision rationale: According to the Official Disability Guidelines, a discectomy procedure should be performed only if there is evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or the presence of a positive Spurling's test. There was no evidence of nerve root compromise on the injured employee's cervical spine MRI nor were there any objective findings of radiculopathy on a physical examination. Additionally, no Spurling's test was performed. For these reasons, this request for a cervical spine discectomy and arthroplasty is not medically necessary at this time.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), surgical assistant, updated July 3, 2014.

Decision rationale: As the above request for a cervical spine discectomy and arthroplasty has not been determined to be medically necessary, this request for an assistant surgeon is also not medically necessary.

1 day inpatient 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), Neck and Upper Back (Acute & Chronic), Hospital length of stay, updated May 30, 2014.

Decision rationale: As the above requested procedure for a cervical spine discectomy and arthroplasty has not been determined to be medically necessary, neither is this postoperative hospital stay.

Electrocardiogram (EKG): 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), preoperative electrocardiogram, updated July 3, 2014.

Decision rationale: As the above requested procedure for a cervical spine discectomy and arthroplasty has not been determined to be medically necessary, neither is this request for a preoperative electrocardiogram.

Pre-op and Post-op: 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), Neck and Upper Back (Acute & Chronic), Office visits, updated May 30, 2014.

Decision rationale: As the above requested procedure for a cervical spine discectomy and arthroplasty has not been determined to be medically necessary, neither is this request for a preoperative and postoperative visit.