

Case Number:	CM14-0035602		
Date Assigned:	06/23/2014	Date of Injury:	12/14/2010
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 48-year-old female who developed an acute onset of back pain in a work related accident on 10/14/10 when she slipped and fell carrying a container of trays. The report of an evaluation dated 02/20/14 described ongoing complaints of neck pain with radiating bilateral upper extremity pain despite conservative care of medications, physical therapy, chiropractic measures and massage. The physical examination showed a right C6 sensory deficit and 5/5 motor strength with the exception of weakness of finger flexion on the right. The report of an MRI dated 11/12/13 showed disc protrusions at C4-5, C5-6 and C6-7 and disc osteophyte complexes resulting in mild spinal stenosis. An 11/07/13 electrodiagnostic study showed bilateral C6-7 radiculopathy in a chronic fashion. Based on failed conservative care, the recommendation was made for a three-level C4 through C7 anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Corpectomy and Fusion at C4-C5, C5-C6, C6-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical.

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for an anterior cervical corpectomy and fusion C4-5, C5-6, and C6-7 would not be indicated. While the electrodiagnostic studies show chronic impingement at the C6-7 level, there is no clinical correlation at the three requested levels of surgery based on claimant's physical examination and imaging. Without clear documentation of compressive findings at all three surgical levels, the acute need of operative intervention cannot be supported. Therefore the request is not medically necessary.

Two (2) days In-patient 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.

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.

Medical Clearance: 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.