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| Case Number: | CM14-0036014 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 08/19/2013 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 02/26/2014 |
| 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 New York. 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 has a date of injury of August 19, 2013. The patient has chronic neck pain. He has an MRI of the cervical spine that showed some degenerative changes at C3-4 C4-5 C5-6 and C6-7. Physical exam shows neck pain with motion and loss of range of motion of the cervical spine. Neurologic function was noted to be intact. The patient has tried physical therapy including exercises and traction. Patient takes Remicade Motrin and Tylenol. At issue is whether three-level anterior cervical discectomy fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and fusion at C3-4, C4-5, and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Discectomy/Laminectomy Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186-187.

Decision rationale: This patient does not meet establish criteria for cervical spine fusion surgery. Specifically, there is no documentation of instability in the cervical spine. The patient also does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or

progressive neurologic deficit. In fact, the patient's neurologic exam was noted to be normal. Multilevel fusion surgery for multilevel degenerative disc condition the cervical spine is not likely to be successful in alleviating neck pain symptoms. The surgery is not supported by guidelines and thus is not medically necessary.

1 night 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.

Preoperative 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.

Aspen Cervical Collar: 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.

Additional PT for Cervical x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Neck and Upper Back Procedure Summary last updated 12/16/13.

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.

