

Case Number:	CM14-0036922		
Date Assigned:	06/25/2014	Date of Injury:	12/07/2011
Decision Date:	07/30/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 52-year-old female who was reportedly injured on December 7, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 21, 2014, indicated that there were ongoing complaints of neck pain radiating to the right upper extremity as well as right shoulder pain and right wrist numbness. The physical examination demonstrated hyperlordosis of the cervical spine with tenderness and spasm over the cervical paraspinal muscles and trapezius muscles. There was limited cervical spine range of motion and a positive Spurling's test to the right side. There was decreased sensation at the left C5 and C6 dermatomes. An MRI of the cervical spine dated August 20, 2013 showed degenerative disc disease at C4-C5 and an electromyography (EMG) study of the left upper extremity showed a chronic C7-C8 radiculopathy. A request was made for an anterior cervical discectomy and fusion at C4-C5, a soft cervical collar, use of a Pro-Stim unit, a two day hospital stay, one visit for home healthcare, a postoperative evaluation by registered nurse, and a follow-up visit in six weeks and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy with fusion at C4-C5 level with cage, allograft and plate:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines regarding anterior cervical fusion.

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), Anterior cervical fusion, updated May 30, 2014.

Decision rationale: According to the Official Disability Guidelines, an anterior cervical fusion is recommended, in this case, if there is a cervical nerve root compression verified by diagnostic imaging and resulting in severe pain or profound weakness. There is no correlation between the request for a C4-C5 fusion and objective studies which showed degenerative disc disease at C4-C5 and a chronic C7-C8 radiculopathy. Additionally, none of these correlate with the physical examination findings of decreased sensation in the C5 and C6 dermatomes. For these multiple reasons, this request for anterior cervical discectomy with fusion at C4-C5 level with cage, allograft and plate is not medically necessary and appropriate.

Post surgical soft 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.

Transcutaneous electrical nerve stimulator unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Re-evaluation in six weeks: 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.

Registered nurse evaluation after the first twenty-four hours the patient is home or the day after discharge.: 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.

Two 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.

Home health quantity one.: 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.