

Case Number:	CM14-0042224		
Date Assigned:	06/30/2014	Date of Injury:	11/25/2013
Decision Date:	08/08/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/09/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in Montana, Tennessee, and Texas. 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 56-year-old male who reported an injury on 11/25/2013. The mechanism of injury involved a motor vehicle accident. The primary diagnosis is cervical spondylosis with myelopathy. The injured worker was evaluated on 03/07/2014 with complaints of left arm numbness and weakness. It is noted that the injured worker has not participated in physical therapy and has not been previously treated with injections. Current medications include Tylenol 325 mg. Physical examination on that date revealed normal cervical range of motion, negative Spurling's sign, negative L'Hermitte's sign, diminished reflex in the left upper extremity, and intact sensation. Treatment recommendations at that time included a C5-7 anterior cervical discectomy and fusion with a CT scan of the cervical spine. It was noted that the injured worker underwent a CT scan of the cervical spine on 03/06/2014, which indicated disc degeneration with loss of disc height and circumferential disc osteophyte complexes at C5-6 and C6-7 resulting in mild spinal canal stenosis and moderate bilateral neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical 5-7 anterior cervical decompression and fusion, including osteophyctomy, cervical, single interspace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and unresolved radicular symptoms after receiving conservative treatment. Official Disability Guidelines state prior to an anterior cervical fusion, there should be documentation of an acute traumatic spinal injury resulting in cervical spinal instability, osteomyelitis, primary or metastatic bone tumor, cervical nerve root compression, spondylotic myelopathy, or spondylotic radiculopathy. As per the documentation submitted for this review, there is no mention of this injured worker's exhaustion of conservative treatment to include medical management, physical therapy, or medications. Physical examination on the requesting date revealed negative tenderness to palpation, normal range of motion of the cervical spine, and negative Spurling's and L'Hermitte testing with intact sensation. The medical necessity for the requested procedure has not been established. Therefore, the request is not medically necessary.

CT scan of the cervical spine # 1: Upheld

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

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.

Pre-operative Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule pages 92-93.

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 Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

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.