

Case Number:	CM14-0048692		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2012
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 Orthopaedic 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 57-year-old female who was reportedly injured on September 25, 2012. The mechanism of injury is noted as a fall backwards onto a steel bar. The most recent progress note, dated May 14, 2013, indicates that there are ongoing complaints of neck pain which radiates to the upper back, low back pain and right shoulder pain. There were no complaints of numbness and tingling in the upper extremities. The physical examination demonstrated no cervical spine tenderness or muscle spasm. There was slightly decreased cervical spine range of motion and a normal upper extremity neurological examination. There was a normal right shoulder examination. Examination of the lumbar spine noted decreased range of motion and mild spasms. There was a positive bilateral straight leg raise at 40. There was a normal lower extremity neurological examination. Diagnostic imaging studies showed a disc herniation at C5/C6 and L4/L5. Previous treatment includes epidural steroid injections, the use of a transcutaneous electrical nerve stimulation physical therapy unit. A request had been made for an urgent inpatient stay, psychological clearance, and C5/C6 anterior cervical discectomy and fusion 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:

Urgent in patient stay x two days: 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.

Urgent psychological 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.

Urgent C5-C6 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines the guidance for cervical spine discectomy states that: Within the first three months of neck and upper back symptoms, the only patients who can be expected to benefit from surgery are those with evidence of severe spinovertebral disease (tumor, infection, major trauma, or progressive neurologic deficit) or with severe, debilitating symptoms and physiologic evidence of specific nerve root or spinal cord compromise, corroborated by appropriate imaging studies. According to the medical record the injured employee does not have a progressive neurological deficit or severe debilitating symptoms and physiological evidence of nerve root or spinal cord compromise. The medical record reflects normal neurological examinations and imaging studies without impingement. This request for an urgent C5/C6 anterior cervical discectomy and fusion is not medically necessary.