

Case Number:	CM14-0053341		
Date Assigned:	07/09/2014	Date of Injury:	11/02/2012
Decision Date:	10/09/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 70-year-old male who reported an injury on 11/02/2012 due to a slip and fall. The injured worker reportedly sustained an injury to multiple body parts to include the cervical spine. The injured worker was evaluated on 01/29/2014. It was noted that the injured worker was initially injured in 2007 and then suffered continuous trauma while performing normal job duties in the years to follow. The injured worker was again evaluated on 02/17/2014. It was documented that the injured worker had undergone an MRI of the spine that documented degenerative disc disease with protrusions at the C4-5, C5-6, and changes at the C5-6 consistent with myelomalacia. Objective findings included hyperreflexia of the bilateral upper extremities and the lower extremities with atrophy of the left biceps and triceps and musculature of the bilateral hands. The injured worker's diagnoses included C4-5 and C5-6 stenosis with myelopathy. The injured worker's treatment plan included surgical intervention. A request for authorization dated 03/02/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN eval for home health 4 hrs per day for 2 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Inpatient surgery anterior cervical discectomy and fusion @ C4-C5, C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 180-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The requested inpatient surgery anterior cervical discectomy and fusion @ C4-C5, C5-C6 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for the cervical spine when there is evidence of significant instability that requires surgical stabilization. The clinical documentation submitted for review also fails to provide an independent report of the imaging study used to determine the need for surgical intervention. In the absence of this information the request is not supported by guideline recommendations. As such, the requested inpatient surgery anterior cervical discectomy and fusion @ C4-C5, C5-C6 is not medically necessary or appropriate.

Bone growth stimulator: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.