

Case Number:	CM14-0053830		
Date Assigned:	08/04/2014	Date of Injury:	05/27/2006
Decision Date:	09/10/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/22/2014

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 records, presented for review, indicate that this 50 year old individual was reportedly injured on May 27, 2008. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated February 7, 2014, indicates that there are ongoing complaints of neck and upper extremity pain. The physical examination demonstrated a decrease in cervical spine range of motion, tenderness to palpation and upper extremity sensory changes. Diagnostic imaging studies objectified the noted cervical fusion, more degenerative changes at C6 to C7 and facet joint disease. Previous treatment included multiple level cervical fusion surgery, pain management interventions, multiple medications and treatment for low back problem. A request was made for cervical fusion and was not certified in the preauthorization process on April 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 ACDF Graft/Plate Placement, C6-7 Instrumentation Removal: 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): 180.

Decision rationale: There are limited clinical records presented for review. There is no objectification of a verifiable radiculopathy specific nerve root compromise. Therefore, when noting the standards outlined in the American College of Occupational and Environmental Medicine (ACOEM), and other nationally published literature citations, there is insufficient clinical information presented to support the medical necessity of this fusion surgery. Therefore, this request is not medically necessary.

Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: When noting that the underlying surgical request is not medically necessary, additional treatment and interventions relative to the surgical procedure are also not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: When noting that the underlying surgical request is not medically necessary, additional treatment and interventions relative to the surgical procedure are also not medically necessary.

Pre-Op Laboratory Testing CMP, CBC, PTT, PT UA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: When noting that the underlying surgical request is not medically necessary, additional treatment and interventions relative to the surgical procedure are also not medically necessary.

Pre-Op Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: When noting that the underlying surgical request is not medically necessary, additional treatment and interventions relative to the surgical procedure are also not medically necessary.

Pre-Op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: When noting that the underlying surgical request is not medically necessary, additional treatment and interventions relative to the surgical procedure are also not medically necessary.

Neck Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: When noting that the underlying surgical request is not medically necessary, additional treatment and interventions relative to the surgical procedure are also not medically necessary.