

Case Number:	CM14-0056924		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2005
Decision Date:	08/11/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 50-year-old female who was reportedly injured on March 5, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 12, 2014, indicated that there were ongoing complaints of neck and upper back pain as well as pain in the left elbow and numbness extending to the thumb index and ring fingers of both hands. The physical examination demonstrated tenderness along the posterior aspect of the cervical spine down to the trapezius. There was decreased cervical spine range of motion. Neurological exam revealed decreased sensation at the C6 and C7 dermatomes bilaterally. Diagnostic imaging studies reported significant spondylosis at C5-C6 and C6-C7. A magnetic resonance image of the cervical spine showed no signs of disc herniation. At C5-C6 there was disc flattening and posterior osteophyte. Nerve conduction studies of the cervical spine were normal. A magnetic resonance image of the cervical spine was recommended. A request had been made for an anterior cervical discectomy and fusion at C5-C6 with a one day hospital stay and was not certified in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion at C5-6, C6-7 with 1 Day Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: According to MTUS American College of Occupational and Environmental Medicine (ACOEM) guidelines, a cervical discectomy and fusion are recommended for individuals with subacute or chronic radiculopathy due to ongoing nerve root compression. The magnetic resonance image for the injured employee did not show any nerve root compression, and nerve conduction studies for the cervical spine were found to be within normal limits. Without objective diagnostic evidence of nerve root compression this request for an anterior cervical discectomy and fusion at C5 - C6 and C6 - C7 with a one day hospital stay is not medically necessary and appropriate.

Durable Medical Equipment: Purchase Aspen Collar and Pre-Operative 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.

Lab Work: EKG, Labs and Chest X-Rays: 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.