

Case Number:	CM14-0060725		
Date Assigned:	07/09/2014	Date of Injury:	01/17/2012
Decision Date:	08/25/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 sustained an injury on 01/17/12 when he fell hitting his head. The injured worker initially reported severe low back pain. The injured worker had been previously provided aquatic therapy which improved low back complaints. The injured worker had been given Vicodin for pain management. The injured worker did have 1 epidural steroid injection for what appears to be the lumbar spine. The injured worker is also noted to have complained of intermittent moderate neck pain radiating to the bilateral shoulders. The injured worker is noted to have utilized anti-inflammatories as well as muscle relaxers and Tramadol for pain. MRI studies of the cervical spine from 02/27/14 noted multi-level degenerative disc protrusions from C3 down to C6-7. There was evidence of moderate central canal and severe foraminal stenosis at C3-4 with deformity and flattening of the ventral surface of the cord. At C4-5, there was severe left sided foraminal stenosis with facet changes as well as mild right foraminal stenosis and mild canal stenosis. At C6-7, there was disc bulging contributing to foraminal stenosis moderate bilaterally as well as mild central stenosis. At C5-6, there was mild to moderate foraminal stenosis, left side worse than right due to disc bulging and facet changes. The clinical report from 03/20/14 noted the injured worker had continuing complaints of neck pain radiating to the shoulders and upper extremities bilaterally. The injured worker did describe weakness in both hands. Physical examination did note tenderness to palpation in the cervical and trapezial regions. There was limited range of motion secondary to pain. Reflexes were trace to 1+ bilaterally at the biceps and brachial radialis. There was a reduced left triceps reflex as compared to the right side. Mild weakness was noted at the left biceps and at the wrist and hand as well as the interosseous muscles as compared to the right side. The injured worker did present with a shuffled gait with a positive Hoffman's sign noted to the left. The injured worker was recommended for a cervical fusion from C3 to C7. The

requested anterior cervical discectomy and fusion at C3-4, C4-5, and C6-7 was denied by utilization review on 04/23/14. The corresponding request for an assistant surgeon was also denied on the same date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Disc Fusion,C3-4,C4-C5, C6-C7: 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): 177-179.

Decision rationale: In regards to the request for an anterior cervical discectomy and fusion at C3-4, C4-5, and C6-7, this reviewer would not have recommended this request as medically necessary. In review of the clinical report from 03/20/14, it is noted the injured worker was being recommended for a 4 level cervical fusion from C3 to C7 including all levels. The requested procedures to include C3-4, C4-5, and C6-7 only are not consistent with the clinical report from 03/20/14. Therefore, the request as submitted would not be medically necessary.

Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: - American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: In regards to the request for an assistant surgeon, as the surgical request as submitted was not medically necessary, this request would not be warranted and is not medically necessary.