

Case Number:	CM14-0062657		
Date Assigned:	08/13/2014	Date of Injury:	04/19/2013
Decision Date:	09/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Spine 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 58-year-old male who reported an injury on 04/19/2013 after a trip and fall. The injured worker reportedly sustained an injury to his head, upper back, neck, and left shoulder. The injured worker's treatment history included activity modifications, cervical epidural steroid injections, medications, and physical therapy. The injured worker underwent an MRI of the cervical spine on 01/06/2014. Findings included a 3 mm disc bulge causing moderate canal stenosis and flattening at the right anterior aspect of the thecal sac, a disc bulge at the C3-4 with mild to moderate foraminal narrowing and facet arthropathy, and a disc bulge at the C6-7 causing moderate to severe foraminal narrowing. The injured worker was evaluated on 03/27/2014. It was noted that the injured worker had restricted cervical spine range of motion with pain complaints rated at a 7/10. The injured worker's diagnoses included herniated disc of the cervical spine. No Request for Authorization form was submitted to support the request. A request was made for anterior cervical decompression and fusion at the C4 through C6 and placement of a prosthetic device from the C4 to the C6 with instrumentation and cervical plating. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery to include anterior cervical decompression and fusion level C4-C6, anterior cervical decompression and fusion level C4-C6, and placement of prosthetic device C4-C6 instrumentation W/Cerv plating: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Disc prosthesis.

Decision rationale: The requested Surgery to include anterior cervical decompression and fusion level C4-C6, anterior cervical decompression and fusion level C4-C6, and placement of prosthetic device C4-C6 instrumentation W/Cerv plating is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend cervical fusion for patients with documented instability evidenced by an imaging study that has failed to respond to conservative treatment. The most recent clinical documentation submitted for review does not provide an adequate assessment of the injured worker's pain complaints to support radiculopathy that would require fusion surgery from the C4 to the C6. Additionally, the Official Disability Guidelines do not support the use of artificial disc replacement in the cervical spine. It is recommended that if proceeding with artificial disc replacement will be done, only a single level replacement is recommended. The request includes 2 levels of cervical artificial disc replacement. Given the lack of information to support the request, the requested decompression and fusion from the C4 to C6 with artificial disc replacement is not supported in this clinical situation. As such, the requested Surgery to include anterior cervical decompression and fusion level C4-C6, anterior cervical decompression and fusion level C4-C6, and placement of prosthetic device C4-C6 instrumentation W/Cerv plating is not medically necessary or appropriate.

Inpatient 2-3 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.

Medical clearance consisting of labs (CBC w/differential, PT/PTT, INR, Hgb, UA complete, BMP, HFP), EKG & chest x-ray: 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.

Neuro monitoring consitstion of intra-operative monitoring SSEP (upper and lower ext)

EMG: 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.

Cell saver technician: 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.

Assistant for surgeon during procedure: 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.

Cold unit: 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.

Bone 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cervical collar: 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.

Cold unit rental 30 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.

Collar: 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.

Bone stimulator purchase: 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.

Post surgery physical therapy; 2 times a week for 4 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Office follow visits 1 time a month for 6 months post operatively: 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.