

Case Number:	CM14-0065776		
Date Assigned:	07/11/2014	Date of Injury:	06/15/1999
Decision Date:	08/21/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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, Montana, and Tennessee. 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 female who reported an injury on 06/15/1999. The mechanism of injury was not specifically stated. Current diagnoses include shoulder joint pain, neck pain, brachial neuritis, prosthetic joint mechanical failure, pseudoarthrosis after fusion or arthrodesis, and brachial neuritis. The injured worker was evaluated on 04/14/2014 with complaints of neck pain and associated upper extremity pain. It is noted that the injured worker completed 4 out of 12 physical therapy sessions. Physical examination of the cervical spine revealed tenderness to palpation, painful range of motion, 5/5 motor strength, and positive Spurling's maneuver. Treatment recommendations at that time included a C4-5 posterior cervical fusion with instrumentation, exploration of posterior fusion, and removal of hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient C4-5 posterior cervical fusion with instrumentation, exploration of posterior fusion, removal of hardware with intra operative monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th edition, 2013, Fusion, anterior cervical and Indications for Surgery - Discectomy/laminectomy.

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 & Upper Back Chapter, Fusion, posterior cervical.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have persistent and severe shoulder or arm symptoms, activity limitations for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after received conservative treatment. As per the documentation submitted, there is mention of this injured worker's active participation in physical therapy. However, there is no evidence of an exhaustion of conservative treatment. The injured worker demonstrated normal motor strength and intact sensation upon physical examination. There is no documentation of a significant functional deficit. There were no imaging studies or electrodiagnostic reports submitted for this review. Additionally, the Official Disability Guidelines state a posterior cervical fusion is currently under study. Based on the clinical information received and the above mentioned guidelines, the request is not 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 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.

1-2 day stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.