

Case Number:	CM14-0071992		
Date Assigned:	07/16/2014	Date of Injury:	01/25/2013
Decision Date:	09/17/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 64-year-old male who reported an injury on 01/25/2013, secondary to a motor vehicle accident. The current diagnoses include chronic cervical and lumbar spine pain, caudal cervical spondylotic stenosis, and lumbar degenerative spondylolisthesis. The injured worker was evaluated on 02/17/2014 with complaints of persistent cervical and lumbar pain. The injured worker has been previously treated with lumbar epidural steroid injections. Physical examination was not provided on that date. Previous conservative treatment other than the lumbar epidural steroid injection was not mentioned. It is noted that the injured worker underwent an MRI of the cervical spine on 11/05/2013, which indicated mildly decreased disc height without bulge or protrusion at C5-6 and C6-7. There was mild to moderate spinal stenosis and moderate bilateral foraminal narrowing at C5-6 and C6-7. A request for authorization form was then submitted on 04/14/2014 for a C5-7 ACDF, an assistant surgeon, and a 2 to 3 day inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

C 5-7 Anterior Cervical Discectomy and fusion & removal of bel c2 with 3 day inpatient stay: 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) Neck and Upper Back Chapter, Anterior Fusion, Discectomy-laminectomy- laminoplasty, and Hospital length of stay.

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, anterior cervical, and Hospital Length of Stay (LOS).

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling upper extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state an anterior cervical fusion is recommended for spondylotic radiculopathy. There should be evidence of significant symptoms that correlate with physical examination findings and imaging reports. There was no physical examination provided on the requesting date. There is no mention of an exhaustion of conservative treatment for the cervical spine. There was also no documentation of spinal instability upon flexion/extension view radiographs. Additionally, the Official Disability Guidelines state the median length of stay for an anterior cervical fusion includes 1 day. Therefore, the current request for a 3-day inpatient stay exceeds guideline recommendations. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.