

Case Number:	CM14-0077602		
Date Assigned:	08/08/2014	Date of Injury:	06/04/2013
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 53 year old female who sustained an injury on 06/04/13. The mechanism of injury is repetitive and continuous trauma. The injured worker has been followed for continuing complaints of neck pain as well as low back pain with radiating pain in the upper extremities, right side worse than left. Previous treatment includes lumbar surgery in 1989, and physical therapy; however, the duration and specific time frame was not specifically noted. No benefit or improvement was noted with the use of antiinflammatories or other analgesics such as Cymbalta, nor from injections was documented. MRI studies of the cervical spine from 03/19/14 noted loss of disc space height at C5 to C6 asymmetric to the right with disc bulging noted contributing to mild narrowing of the central canal, moderate to severe narrowing of the right neuroforamen at C6 to C7, and degenerative disc changes noted with disc bulging resulting in minimal narrowing of the canal with right foraminal stenosis present. As of 03/20/14, the injured worker continued to have complaints of pain in the upper extremities that was electrical in nature. On physical examination, there was nonspecific tingling noted. No other specific neurological deficits were identified. The requested anterior cervical discectomy and fusion from C5 to C7 with allograft, an inpatient one day stay, an assistant surgeon, spinal cord monitoring, blood bank and screen, and the use of Ancef were all denied by utilization review on 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy for the nerve root decompression C5-6, C6-7 Anterior cervical fusion C5-7. Anterior cervical instrumentation C5-7 allograft: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The injured worker has not improved with conservative treatment to include physical therapy, injections, or medications. Imaging studies did note two level degenerative disc disease at C5 to C6 and at C6 to C7 to a lesser extent. There was some right foraminal stenosis at C6 to C7 but more severe foraminal stenosis at C5 to C6. The injured worker's most recent physical examination findings however were unremarkable for any neurological deficit at either level. No further diagnostic testing to include electromyography (EMG) was available for review to further confirm the presence of a C5, C6, or C7 radiculopathy that would support surgical intervention at the proposed levels. Given the insufficient objective findings to support a diagnosis of cervical radiculopathy, this request is not medically necessary and appropriate.

Inpatient stay 1 day: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Hospitalization.

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

Assistant or opening surgeon: Upheld

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

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

Spinal cord monitoring. Extremity SSEP both and nerve root monitoring (EMG): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, intraoperative monitoring.

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

Blood bank type and screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative testing, labs.

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

Ancef: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Disease Chapter, Antibiotics.

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