

Case Number:	CM14-0079412		
Date Assigned:	07/18/2014	Date of Injury:	01/10/2001
Decision Date:	08/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 65-year-old male who had a work related injury on 01/10/01. The injured worker had an anterior cervical discectomy and fusion from C4 to C6 on 08/20/12 and following the surgery the symptoms resolved and he was doing fair. A follow-up visit on 07/16/14, noted pain and numbness remained the same since the last visit. On physical examination, cervical spine anterior incisions were noted on the skin. Muscle tenderness was normal. No muscle spasm. Range of motion of the right shoulder was normal. Range of motion of the left shoulder was normal. Sensation to pin prick on the right and on the left upper extremity was normal. Strength in the upper extremity on the right was rated 5/5, on the left was rated 5/5. Reflexes on the right were 2+ at the biceps and triceps and negative Hoffman's. Biceps on the left was 2+ and triceps was 2+ with a negative Hoffman's. Magnetic resonance imaging (MRI) of the cervical spine dated 04/10/14, status post fusion at C4 through C6. At C3-4, however a combination of a broad based disc bulge, facet osteoarthritis, posterior osteophytic ridging is resulting in moderate canal stenosis. There is multi-level discogenic disease with multi-level neuroforaminal stenosis. Diagnoses include status post anterior cervical discectomy and fusion at C4-5 and C5-6 with resolved myelopathy, and C3-4 junctional change. History of prior lumbar fusion at L4 to S1. Postoperative spondylolisthesis L3 to L4. Prior utilization review on 05/01/14 was denied. Per utilization review on 05/01/14 an electromyography/nerve conduction study of the bilateral upper extremities on 10/28/13 reported peripheral neuropathy and carpal tunnel syndrome, noted to be worse on the right side compared to the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

MAXIMUS 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 Chapter, Fusion, Anterior Cervical.

Decision rationale: The request for anterior cervical discectomy and fusion C3-4 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Physical examination reveals no progressive neurological deficits, based on the clinical documentation submitted the injured worker has no radicular symptoms. There is no documentation of participation in a formal, active physical therapy program. There is no clinical evidence that the injured worker underwent epidural steroid injection (ESI), oral corticosteroids, or non-steroidal anti-inflammatory medications (NSAIDs). As such, medical necessity has not been established.

1 day inpatient 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 (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Hospital Length of Stay (LOS).

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

Aspen collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Cervical Collar, Post-Operative (Fusion).

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

Pre-operative evaluation (Labs, chest x-ray, EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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, Preoperative Testing, General.

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