

Case Number:	CM14-0083251		
Date Assigned:	07/21/2014	Date of Injury:	10/08/2003
Decision Date:	08/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 71-year-old female who reported an injury on 10/08/2003. The injured worker underwent a cervical MRI on 12/07/2013. It was documented that the injured worker had a broad-based disc bulge at the C4-5 causing mild spinal canal stenosis and a broad-based disc bulge at the C6-7 indenting on the thecal sac and contacting the bilateral C7 exiting nerve roots. The injured worker's treatment history included physical therapy, epidural steroid injections, facet blocks, a TENS unit, and a home exercise program. The injured worker was evaluated on 04/08/2014. It was documented that the injured worker had severe neck pain with radiculopathy in the bilateral arms. Physical findings included severe tenderness to palpation of the cervical trapezial ridge with decreased range of motion secondary to pain. The injured worker had tenderness to palpation over the facet joints from the C4 to the C7. The injured worker had decreased sensation on the right C6 and C7 distribution. The injured worker's diagnoses included cervical discogenic disease with radiculitis, cervical facet arthropathy, and cervical spinal stenosis. The injured worker's treatment plan included anterior cervical discectomy at the C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy C5-6, C6-7, graft, instrumentation, neuromonitoring: 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): 179-180.

Decision rationale: The requested anterior cervical discectomy C5-6 and C6-7 with graft, instrumentation, and neuromonitoring is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend fusion surgery in the absence of documented instability. The American College of Occupational and Environmental Medicine clearly recommends fusion surgery is not an appropriate intervention for injured workers with chronic cervical pain. Without any evidence of instability, the need for multilevel fusion is not supported by guideline recommendations. Additionally, the clinical documentation submitted for review does not support radicular findings in the C5-6 distribution. Therefore, the need for possible surgical intervention at the C5-6 is not clearly indicated within the documentation. Furthermore, the American College of Occupational and Environmental Medicine recommends psychological evaluation prior to fusion surgery. The clinical documentation does not provide any evidence that the injured worker has undergone any type of psychological evaluation to determine the appropriateness of spinal surgery for this injured worker. As such, the requested anterior cervical discectomy at the C5-6 and C6-7 with graft, instrumentation, and neuromonitoring is not medically necessary or appropriate.

Facility inpatient stay, x1 day: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Preoperative medical clearance: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Cervical brace: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.