

Case Number:	CM14-0089841		
Date Assigned:	08/06/2014	Date of Injury:	07/01/2000
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 California. 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 62-year-old female who reported an injury on 07/01/2000 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment history included multiple medications; physical therapy, injections, lumbar laminectomy and fusion at the L3, L4, L5, and S1, right thumb trigger finger release, right carpal tunnel and cubital tunnel release, left carpal tunnel and cubital tunnel release, and right small finger tendon laceration repair. The injured worker's medications included losartan-hydrochlorothiazide 100/12.5 mg, aspirin 81 mg, Flonase nasal spray, simvastatin 40 mg, antibiotics, tramadol, Celebrex, Soma, and Norco. The injured worker underwent a cervical MRI on 07/03/2014. It was documented that there was mild congenital baseline narrowing of the cervical canal. It was noted that the injured worker had multilevel degenerative disc disease and spinal canal stenosis considered moderate at the C5-6 and C6-7, and mild at the C3-4 and C4-5. The injured worker was evaluated on 08/05/2014. It was documented that the injured worker would undergo an epidural steroid injection on 08/07/2014. Physical findings included 3/10 pain of the neck, shoulders, and upper back increasing to a 7/10 pain with activity. The injured worker had restricted range of motion secondary to pain. The injured worker's treatment plan included a trial of cervical epidural steroid injections with a ventral cervical decompression and fusion procedure. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C5-6 Anterior Cervical Discectomy Fusion w/Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, Page 183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The requested C4-5, C5-6 anterior cervical discectomy and fusion with instrumentation is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has moderate central canal stenosis at the C4-5 and C5-6 levels. However, the injured worker's most recent clinical examination findings do not provide any evidence of radiculopathy to support the need for surgical intervention. The American College of Occupational and Environmental Medicine recommends cervical fusion surgery for injured workers with radiculopathy that has failed to respond to conservative treatment and supported by evidence of instability. The clinical documentation submitted for review does not provide any evidence of instability to support the need for cervical fusion. Furthermore, it is noted in the injured worker's most recent clinical documentation that a trial of epidural steroid injections prior to surgical intervention was recommended. The outcome of that trial would need to be provided to determine the need for surgical intervention. Additionally, the Official Disability Guidelines do not recommend multilevel fusions for patients who have a documented history of smoking. These indications increase the injured worker's risk factors for non-fusion. There is no documentation that the injured worker has been counseled on smoking cessation prior to surgical intervention. As such, the requested C4-5 and C5-6 anterior cervical discectomy and fusion with instrumentation is not medically necessary or appropriate.

2 Day Inpatient Stay: 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.

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.

History and Physical/Pre-Operative Lab Work, Chest Xray, EKG, Urine Drug Screen, MRSA Screening: 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.

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

Pre-Operative Cervical MRI: 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.