

Case Number:	CM14-0092539		
Date Assigned:	07/25/2014	Date of Injury:	04/07/2010
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/18/2014

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 46-year-old female who reported an injury on 04/07/2010. The mechanism of injury was not provided for review. The injured worker previously underwent anterior cervical decompression and fusion at the C4 through the C6, however, had ongoing pain complaints. The injured worker was evaluated on 05/22/2014. And it was documented that the injured worker had increasing weakness to the right upper extremity with increasing numbness and pain along the C7-8 distribution. Objective physical findings included restricted range of motion of the cervical spine with a positive Spurling's sign recreating pain in the C7-8 distribution on the right side with decreased right-sided grip strength and wrist flexor and triceps weakness with diminished sensation of the C7-8. The injured worker's diagnoses included cervical disc discopathy, with myelopathy, cervical spinal stenosis, lumbar spinal stenosis, and lumbosacral degenerative disc disease. The injured worker also underwent a cervical MRI on 05/13/2014. It was documented that the injured worker's post surgical changes at the C4-6 was stable fusion, a disc bulge at the C6-7 with moderate central canal stenosis, a C3-4 disc bulge indenting the interior cervical cord with mild central canal stenosis. The injured worker was evaluated on 07/24/2014. It was noted that the injured worker did not receive authorization for the surgery requested at the C6-7 due to a lack of physical therapy. It was noted that the injured worker had completed 30-40 visits of physical therapy and continued to have progressive neurological complaints and had developed parasthesia and spasming in the left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for C4-C6 hardware removal with exploration of fusion, C6-7 anterior cervical discectomy and fusion with ICBG, plate and cages: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery.

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

Decision rationale: The requested C4-6 hardware removal with exploration of fusion and C6-7 anterior cervical discectomy and fusion with ICBG plate and cages are not medically necessary or appropriate. The American College of Occupational Environmental Medicine recommends cervical fusion when there is documentation of progressive neurological deficits consistent with pathology identified on an imaging study that have failed to resolve with a conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has undergone physical therapy. However, there is no documentation that the injured worker has failed to respond to other types of treatments to include epidural steroid injections. Furthermore, the clinical documentation submitted for review indicates that the injured worker's symptoms are in the C7-8 dermatomal distribution. This is not consistent with the imaging findings or the request. The requested surgical procedure is at the C6-7 level. As such, the requested C4 through C6 hardware removal with exploration of fusion and C6-7 anterior cervical discectomy and fusion with ICBG plate and cages is not medically necessary or appropriate.

1 day stay at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

1 assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS), Physician Fee Schedule. http://www.cms.hhs.gov/pfslookup/02_PFSsearch.asp.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

1 hard cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

1 soft shower collar:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.