

Case Number:	CM14-0098125		
Date Assigned:	07/28/2014	Date of Injury:	08/23/2003
Decision Date:	10/14/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/26/2014

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 Neurological 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 records presented for review indicate that this 44-year-old female was reportedly injured on August 23, 2003. The mechanism of injury is noted as two cases of products falling onto her neck. The most recent progress note, dated June 5, 2014, indicates that there were ongoing complaints of neck pain radiating to the upper extremities. Current medications include Fioricet, Ultracet, Flexeril, and Nucynta. The physical examination demonstrated loss of cervical lordosis and tenderness over the cervical spine paraspinal muscles and occipital muscles with spasms. There was decreased cervical spine range of motion and a normal upper extremity neurological examination although there was some decreased grip strength on the right greater than the left side. Diagnostic imaging studies of the cervical spine revealed a disc protrusion at C4 - C5 with other diffuse smaller disc bulges. Upper extremity nerve conduction studies revealed a chronic bilateral C5 - C6 radiculopathy. Previous treatment includes physical therapy and cervical spine epidural steroid injections. A request had been made for an anterior cervical discectomy and fusion at C4 - C5 and C5 - C6, a three day inpatient stay, an assistant surgeon, preoperative laboratory work, EKG, cervical spine x-ray and a history and physical examination and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy Fusion at C4-5 and C5-6 with Cages and Plate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, (ACOEM), 2nd Edition, (2004), Cervical and Thoracic Spine Disorders, Clinical Measures: Surgical Considerations-Spinal Fusion

Decision rationale: The California/ACOEM recommendations support discectomy and fusion for patients with subacute or chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate nonoperative treatment. The progress note dated June 5, 2014, states that there was a normal upper extremity neurological examination. Additionally, cervical spine MRI does not indicate any nerve root compression. As such, this request for an anterior cervical discectomy and fusion at C4 - C5 and C5 - C6 is not medically necessary.

Inpatient Stay for 3 Days: 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.

Pre-Op Lab Work, EKG, and Plain Cervical X-Rays: 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 & Physical: 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.