

Case Number:	CM14-0149373		
Date Assigned:	10/14/2014	Date of Injury:	12/26/2011
Decision Date:	01/07/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 New York. 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 patient has a date of injury of December 26, 2011. The patient has chronic neck pain. She is a 51-year-old female. Physical exam shows positive Spurling's test. There is positive tenderness to neck palpation. There is diminished sensation in the C7 nerve distribution. MRI shows multilevel degenerative changes with degenerative disc condition from C3-C7. At C5-6 there severe stenosis. Current diagnoses include cervical disc degeneration and herniated disc. Patient had physical therapy medications and epidural steroid injections. At issue is whether ACDF surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy with implantation of cervical cages and plate and fusion at C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: The patient does not meet criteria for ACDF surgery. Specifically the physical examination does not clearly correlate with imaging study showing specific radiculopathy and compression of nerve roots. In addition, there are no red flag indicators for

spinal fusion surgery such as fracture tumor or progressive deficit. More conservative measures are medically necessary for the treatment of chronic neck pain. Therefore, this request is not medically necessary.

Anterior Cervical Discectomy with implantation of cervical cages and plate and fusion at C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: The patient does not meet criteria for ACDF surgery. Specifically the physical examination does not clearly correlate with imaging study showing specific radiculopathy and compression of nerve roots. In addition, there are no red flag indicators for spinal fusion surgery such as fracture tumor or progressive deficit. More conservative measures are medically necessary for the treatment of chronic neck pain. Therefore, this request is not medically necessary.

Anterior Cervical Discectomy with implantation of cervical cages and plate and fusion at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: The patient does not meet criteria for ACDF surgery. Specifically the physical examination does not clearly correlate with imaging study showing specific radiculopathy and compression of nerve roots. In addition, there are no red flag indicators for spinal fusion surgery such as fracture tumor or progressive deficit. More conservative measures are medically necessary for the treatment of chronic neck pain. Therefore, this request is not medically necessary.

Anterior Cervical Discectomy with implantation of cervical cages and plate and fusion at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: The patient does not meet criteria for ACDF surgery. Specifically the physical examination does not clearly correlate with imaging study showing specific radiculopathy and compression of nerve roots. In addition, there are no red flag indicators for spinal fusion surgery such as fracture tumor or progressive deficit. More conservative measures

are medically necessary for the treatment of chronic neck pain. Therefore, this request is not medically necessary.

Associated Surgical Service: Pre-Op Clearance, EKG: 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 surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Pre-Op labs: CBC, PTT, CHEM 20, C-Reactive Protein, PO4, GGT: 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 surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Pre-Op Hepatitis Panel: 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 surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Pre-Op HIV: 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 surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Pre-Op Type AB Screen, Lipid Panel: 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 surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: 2 Days Hospital 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 surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: 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 surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Post-Op 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 surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Post-Op Cervical Bone Growth Stimulator: 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 surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Post-Op Physical Therapy, 2 x 6: 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 surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Pre-Op labs: FSH, T3, T4: 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 surgery is not medically necessary, then all other associated items are not needed.