

Case Number:	CM14-0189453		
Date Assigned:	11/17/2014	Date of Injury:	08/02/2001
Decision Date:	01/20/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/13/2014

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 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 52-year-old male who reported an injury on 08/02/2001. The mechanism of injury was not provided. On 10/01/2014, the injured worker presented with complaints of pain in the neck radiating to the upper extremities. He had a prior anterior cervical discectomy and fusion performed on 07/02/2003. He had epidural steroid injections prior to the surgery and after the surgery, but continued to be symptomatic. The examination of the cervical spine noted a well healed anterior incision to the left side. The cervical paraspinal muscles were tender with spasm present. There was guarding noted. He flexed to a point where his chin was within 1 fingerbreadth of his chest. There was a positive trace Spurling's maneuver bilaterally. There were sensory deficits noted from the C5 and C6 dermatomes bilaterally. There was no weakness or atrophy involving the upper and lower extremities. There were no pathological reflexes present. The diagnoses were C5-6 junctional syndrome that is post C6-7 anterior cervical discectomy and fusion in 2003. The provider recommended an anterior cervical discectomy and fusion. There was no rationale provided. The Request for Authorization form was not included within the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion: 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): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Fusion, Anterior cervical

Decision rationale: The request for an anterior cervical discectomy and fusion is not medically necessary. The California MTUS/ACOEM Guidelines state that referral for surgical consultation is indicated for injured workers who have persistent severe or disabling shoulder or arm symptoms; activity limitation for more than 1 month; or with extreme progression of symptoms. There should be clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be evidence of unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines further state that an anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. A cervical fusion is recommended after acute traumatic spinal injury resulting in cervical spinal instability, osteomyelitis, primary or metastatic bone tumor resulting in fracture or instability, or a spinal cord compression. Nerve root compression should be verified by diagnostic imaging with spondylotic myelopathy based on clinical signs or symptoms. A repeat surgery is not recommended at the same level. The clinical notes submitted for review lacked evidence of diagnostic imaging that demonstrated cervical nerve root compression. Additionally, there was no evidence of acute traumatic spinal injury or cervical spinal instability noted. There was no evidence that the injured worker had failed a trial of conservative treatment to include injections, physical therapy, and medications. The injured worker had a prior cervical discectomy at the C6 to C7 levels in 2003. The provider's request does not indicate the level or levels being requested for the anterior cervical discectomy and fusion. Based on the documentation submitted for review, the request is not medically necessary.

Length of Stay (LOS) 2-3 days: Upheld

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

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 medical clearance with MPN provider: Upheld

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

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.

Post-operative rehabilitation therapy 3 x 4: Upheld

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

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.

Philadelphia collar: Upheld

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

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 Collar: Upheld

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

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.

Cervical external bone stimulator: Upheld

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

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.

SurgiStim: Upheld

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

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.

Front-wheel walker: Upheld

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

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.