

Case Number:	CM14-0208155		
Date Assigned:	12/22/2014	Date of Injury:	02/24/2004
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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 February 24, 2004. The patient has chronic neck pain. On physical examination the patient has reduced range of motion of the neck. There is tenderness to palpation of the neck. There is tenderness palpation of the cervical spinous processes and muscles. CT of the cervical spine from August 2014 shows fusion of C4-C6 vertebral bodies with an anterior plate and the fusion is solid. There degenerative changes at C3-4 and C6-7. MRI from March 2014 shows no or cold fracture or destructive process. The patient continues to have chronic neck pain. At issue is whether revision cervical surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Medical Work-Up: 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.

Rigid Cervical Collar for Purchase: 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.

Aquatic Therapy 3 times a week for 6 weeks to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain chapter

Decision rationale: Guidelines do not support the use of back with therapy for the treatment of chronic neck pain. Establish medical literature does not support the use of aqua therapy for chronic neck pain. Aqua therapy has not been shown to improve outcomes in patients with chronic neck pain. Aqua therapy is not medically necessary.

C3-4 Anterior Cervical Discectomy and Fusion with Osteophyte Resection at C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient does not meet MTUS criteria for cervical surgery. Specifically there is no documented evidence of myelopathy. There is no clear correlation between imaging studies and physical examination that show specific radiculopathy and compression of nerve roots. There is no clear documentation of failure of conservative measures to include a recent trial of physical therapy for the treatment of chronic neck pain. There is no documented evidence of cervical instability, fracture or tumor. Cervical decompression and fusion surgery is not medically necessary.