

Case Number:	CM14-0209434		
Date Assigned:	12/22/2014	Date of Injury:	02/17/2012
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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, has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this is a 46-year-old female with a 2/17/12 date of injury. At the time (11/11/14) of request for authorization for anterior cervical decompression and fusion with instrumentation C3-4 posterior foraminotomy and central laminotomy C5-6, C6-7 levels left sided, assisting surgeon and 1-2 days hospital stay; consult with pre-operative clearance; neck brace; post operative therapy x 12 sessions; and bone growth stimulator, there is documentation of subjective (neck pain radiating to bilateral upper extremities) and objective (tenderness of the paracervicals and the trapezius, pain on range of motion, 4/5 muscle testing of left C5 to C8 distributions, and decreased sensation on the left C6-8 distribution) findings, imaging findings (CT of the cervical spine (11/5/14) report revealed moderate central stenosis from C2-6 and multilevel foraminal stenosis at C4-7), current diagnoses (spinal stenosis in cervical region), and treatment to date (medications and physical therapy). Regarding anterior cervical decompression and fusion with instrumentation C3-4 posterior foraminotomy and central laminotomy C5-6, C6-7 levels left sided, assisting surgeon and 1-2 days hospital stay, there is no documentation of additional activity limitation for more than one month or with extreme progression of symptoms at the C3-4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical decompression and fusion with instrumentation C3-4 Posterior Foraminotomy and Central Laminotomy C5-6, C6-7 Levels left sided, Assisting Surgeon and 1-2 days hospital stay.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. Within the medical information available for review, there is documentation of a diagnosis of spinal stenosis in cervical region. In addition, given documentation of subjective (neck pain radiating to bilateral upper extremities) findings, there is documentation of persistent, severe, and disabling shoulder or arm symptoms. Furthermore, given documentation of imaging findings (CT of the cervical spine identifying moderate central stenosis from C2-6 and multilevel foraminal stenosis at C4-7), there is documentation of clear clinical and imaging findings consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term. Lastly, there is documentation of unresolved radicular symptoms after receiving conservative treatment. However, despite documentation of objective (4/5 muscle testing of left C5 to C8 distributions and decreased sensation on the left C6-8 distribution) findings, there is no documentation of additional activity limitation for more than one month or with extreme progression of symptoms at the C3-4 level. Therefore, based on guidelines and a review of the evidence, the request for anterior cervical decompression and fusion with instrumentation C3-4 posterior foraminotomy and central laminotomy C5-6, C6-7 levels left sided, assisting surgeon and 1-2 days hospital stay is not medically necessary.

Consult with Pre-Operative Clearance: 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.

Neck 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative Therapy X 12 Sessions: 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.

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 the primary procedure is not medically necessary, none of the associated services are medically necessary.