

Case Number:	CM15-0102060		
Date Assigned:	06/04/2015	Date of Injury:	11/11/2009
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 55 year old male, who sustained an industrial injury on 11/11/2009. The current diagnoses are cervical discopathy with radiculitis. According to the progress report dated 3/30/2015, the injured worker complains of constant, severe cervical spine pain with radiation into the upper extremities. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades. The pain is worsening. The pain is rated 8/10 on a subjective pain scale. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles with spasm, positive axial loading compression test, positive Spurling's maneuver, and limited range of motion. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, and multiple epidural injections. The plan of care includes C6-C7 anterior cervical discectomy and fusion, with possible inclusion to C4 to C6, should additional levels be need to be incorporated, use of dynamic hardware will be necessary, with co-surgeon, Miami J collar, mini collar, bone stimulator, and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 Anterior Cervical Discectomy and Fusion, with possible Inclusion to C4 to C6, should additional levels be need to be incorporated, use of dynamic hardware will be necessary: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter, Fusion, anterior cervical.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating. upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not show this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: C6-C7 Anterior Cervical Discectomy and Fusion, with possible Inclusion to C4 to C6, should additional levels be need to be incorporated, use of dynamic hardware will be necessary, is NOT Medically necessary and appropriate.

Associated surgical services: Minerva mini collar, #1, 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.

Associated surgical services: Bone stimulator, 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.

Associated surgical services: Medical 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.

Associated surgical services: Co-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.