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| Case Number: | CM15-0107855 | | |
| Date Assigned: | 06/15/2015 | Date of Injury: | 05/15/2013 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

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:

This is a 53 year old female with a May 15, 2013 date of injury. A progress note dated April 22, 2015 documents subjective findings (progression of left triceps and wrist extensor weakness; pain and weakness are progressive; having problems holding objects in the left hand; difficulty with handwriting; headaches are worsening), objective findings (notably high positive and brisk Hoffman's sign, with present but less prominent left Hoffman's sign; decreased strength of the left biceps muscle, left triceps muscle, left wrist extensor muscles and left wrist flexor muscles; decreased reflexes on the left), and current diagnoses (brachial neuritis; cervical spine stenosis; displacement of cervical intervertebral disc). Treatments to date have included electromyogram (normal findings), magnetic resonance imaging (shows significant cervical foraminal stenosis), physical therapy, and medications. The treating physician documented a plan of care that included a cervical spine fusion and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 anterior discectomy and fusion, anterior instrumentation, application of intervertebral biomechanical device(s), allograft and autograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-80.

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 provide evidence to support three level anterior discectomies and fusion. 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: C4-C7 anterior discectomy and fusion, anterior instrumentation, application of intervertebral biomechanical device(s), allograft and autograft is not medically necessary and appropriate.

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

Associated surgical services: Inpatient Stay (1-day): 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: Vista Cervical Collar: 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.