

Case Number:	CM15-0109722		
Date Assigned:	06/18/2015	Date of Injury:	06/06/2014
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/08/2015

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 46 year old male who sustained an industrial injury on 06/06/2014. Current diagnoses include right C6 nerve root impingement and left median nerve compression at the wrist, carpal tunnel syndrome. Previous treatments included medication management, physical therapy, cervical epidural steroid injections. Previous diagnostic studies include an electrodiagnostic study on 03/27/2015, cervical myelogram and CT of the cervical spine dated 03/04/2015. Report dated 05/12/2015 noted that the injured worker presented with complaints that included right hand numbness, tingling, hand giving out, weakness, sharp stabbing pain that has become worse. It was noted that the complaints are constant all day, and aggravated by standing up or turning his head. Pain level was not included. Physical examination revealed a positive Tinel's sign and carpal compression test at the right medial nerve, slightly decreased sensation to light touch and scratch, and some weakness. The treatment plan included recommendations for a brace, anti-inflammatory, vitamin B6, and possible local steroid injection. Of note the documentation submitted for review did not include a recent report from the requesting physician for the requested services. Disputed treatments include C4-5 and C6-7 ACDF with PEEK cages and plate fixation, intra-operative spinal cord monitoring, assistant surgeon, inpatient stay 2 days, bone growth stimulator, post-operative physical therapy (12 sessions), cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C5-6 and C6-7 ACDF with PEEK cages and plate fixation QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back (updated 5/12/15), Online Version, 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. Evidence for including C6-7 is not in the documentation. 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. Therefore, the request for C4-5 , C5-6 and C6-7 ACDF with PEEK cages and plate fixation qty: 1 is not medically necessary and appropriate.

Associated surgical service: 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 service: Inpatient Stay 2 days: 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 service: Cervical Collar QTY: 1: 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 service: Bone Growth Stimulator QTY: 1: 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: The requested treatment: C4-5 and C6-7 ACDF with PEEK cages and plate fixation QTY: 1 is NOT Medically necessary and appropriate, then the Requested Treatment: Bone Growth Stimulator QTY: 1 is NOT Medically necessary and appropriate

Post-operative Physical Therapy QTY: 12: 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 service: Intra-operative spinal cord monitoring: 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.