

Case Number:	CM15-0015772		
Date Assigned:	02/03/2015	Date of Injury:	10/02/2003
Decision Date:	04/13/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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:

This 58 year old male sustained a work related injury on 1/2/03. The diagnoses have included cervicgia with myofascial pain, status post cervical discectomy and fusion at C4-7, and cervical incomplete arthrodesis at C5-6 and C6-7. Treatments to date have included previous cervical spine surgery, EMG/NCS study, oral medications, cervical spine CT Scan and MRI. In the PR-2 dated 11/14/14, the injured worker complains of neck stiffness and pain. He states he has weakness in both arms. He states this weakness in both arms has caused a decrease in his fine motor skills and grasping with both hands. He has restricted range of motion in neck. On 1/12/15, Utilization Review non-certified requests for C3-4 anterior cervical discectomy fusion with instrumentation and iliac crest bone graft, 1 day inpatient stay, assistant surgeon, spinal cord monitoring, history and physical for surgery clearance, pre-op labs-CBC with diff., CMP, PT, PTT, UA, MRSA, chest x-ray, EKG, and LSO brace. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C4 anterior cervical discectomy fusion with instrumentation, and iliac crest bone graft:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back , Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174,179.180.

Decision rationale: The California MTUS guidelines note that the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Documentation does not provide evidence of instability. A provider has proposed the novel idea of nociceptive pain from the patient's purported non union of the lower cervical spine. No evidence of such non-union is found. The MTUS guidelines note that surgical consultation can be supported if there is clear physiological evidence of specific nerve root compromise corroborated by appropriate imaging studies. Such evidence is not found. Thus the requested treatment: C3-4 anterior cervical discectomy fusion with instrumentation and iliac crest bone graft is not medically necessary and appropriate.

Associated Surgical Service: 1 day Inpatient stay: 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: 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: 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.

Associated Surgical Service: History & Physical for surgery 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 Service: Pre-op Labs; CBC with Diff, CMP, PT, PTT, UA, MRSA, Chest X-Ray, EKG: 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: LSO 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.