MAXIMUS Federal Services

Case Number:	CM15-0018023		
Date Assigned:	02/11/2015	Date of Injury:	07/18/2013
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/30/2015

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 60-year-old female salad bar attendant on July 18, 2013 due to repetitive motion reported pain in the cervical spine. She has been diagnosed with disc degeneration cervical spine and cervical radiculopathy. Treatment has included physical therapy and injections and bilateral C4-5, C5-6 facet joint injections with a cervical myelogram and epidural injection on 06/02/2014. No report of a post myelogram computerized tomography scan of her cervical spine is found. Her PR2 of 10/16/14 describes some instability at C5-6. Documentation on how this comment was arrived at is not found. The PR2 of 9/2/14 mentions a high intensity zone at C6-67, but the visit's impression is degenerative disc disease at C5-6 and a C5 cervical radiculopathy. Mention was made of a cervical MRI scan, which showed a C6-7 3 mm disc, but no cord contact, no cervical spinal stenosis or foraminal stenosis is reported. Currently the injured worker shows paraspinal spasms are present. She has significant Spurling's and shoulder abduction test. The treatment plan included surgery and post operative care. On January 26, 2015, Utilization Review non certified anterior cervical discectomy fusion at C6-7, assistant surgeon, 1-3 day hospital stay, cervical collars, outpatient physical therapy, in house physical therapy, possible home health aide 2-3 hours a day 2-3 time a week, and Registered Nurse evaluation for wound citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy fusion at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 169,179,180.

Decision rationale: The California MTUS guidelines note that specific nerve root compromise cause specific symptoms and signs. They note that surgical consideration can be obtained if severe spinovertebral pathology is present. No evidence is provided to support this patient has such pathology. The guidelines also note surgery consultation can be considered if there are severe debilitating symptoms that correlate with specific nerve root dysfunction. The documentation discusses symptoms and findings at C5-6 but does not explain why the requested fusion is at C6-7. Moreover, the guidelines note the lack of evidence about the efficacy of fusion. Documentation does not provide a rationale why this fusion at C6-7 is indicated. Thus the requested treatment: Anterior cervical discectomy fusion at C6-7 is not medically indicated 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: 1-3 day hospital 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: cervical collars (hard and soft): 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: Outpatient physical therapy 2x4: 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: In house Physical Therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the requested treatment: Anterior cervical discectomy fusion at C6-7 is not medically indicated and appropriate, then the requested treatment: Associated surgical service: in house physical therapy 2x4 is not medically necessary and appropriate.

Associated surgical service: Possible home health aide 2-3 hours a day 2-3 times a week: 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: RN evaluation for wound: 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.