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| Case Number: | CM15-0132317 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 04/20/2012 |
| Decision Date: | 09/17/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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: California
Certification(s)/Specialty: Orthopedic 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 male with an April 20, 2012 date of injury. A progress note dated May 27, 2015 documents subjective complaints (self-care activities are performed slowly and with discomfort; difficulty reaching and grasping; difficulty climbing stairs, kneeling, bending and squatting; sleep greatly disturbed; pain fairly severe most of the time; pain rated at a level of 8/10 on average and 8/10 at its worst), and current diagnoses (headaches; cervical spine pain, rule out C6-7 and C7-8 radiculopathy; thoracic spine pain; right shoulder pain and impingement; left shoulder pain; adjustment disorder with mixed anxiety and depressed mood). Objective findings were not documented for this date of service. Treatments to date have included right shoulder arthroscopic acromioplasty and resection of the distal clavicle, medications, magnetic resonance imaging of the cervical spine (April 7, 2015; showed disc bulges at C5-6 and C6-7, bone lesion at the C5 vertebral body, bilateral foraminal disc protrusion at C5-6 resulting in abutment of the existing cervical nerve roots bilaterally), and injections. The treating physician documented a plan of care that included anterior cervical discectomy and fusion at C5-6 level and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C5-6 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter - Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 5/27/15 do not demonstrate an adequate conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore the request is not medically necessary.

Associated Service: Bone scan of the neck: 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 Service: Inpatient LOS (length of stay) 3-5 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.

Post-operative: Durable medical equipment (DME) semi-rigid cervical collar (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.