

Case Number:	CM15-0137293		
Date Assigned:	07/27/2015	Date of Injury:	07/26/2011
Decision Date:	09/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/15/2015

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:

The injured worker is a 56 year old male, who sustained an industrial injury on July 26, 2011. The injured worker reported traumatic crush injury. The injured worker was diagnosed as having cervical and thoracic spinal fractures, rib fractures, cervical degenerative disc disease (DDD), cervical stenosis and brachial neuritis. Treatment to date has included physical therapy, chiropractic treatment and medication. A progress note dated June 18, 2015 provides the injured worker complains of neck and back pain radiating from the neck to the shoulders and down to his hands with numbness and tingling. He reports the pain is worsening. Physical exam notes intact sensation of upper and lower extremities and spine. X-rays and magnetic resonance imaging (MRI) were reviewed revealing cervical disc degeneration and stenosis. MRI report from 7/14/15 demonstrates at C5/6 slight narrowing with 2.7 mm posterior disc protrusion. Neural foramina appear preserved. The plan includes cervical discectomy and fusion with associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery -C5-6 Anterior Cervical Discectomy and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of correlating nerve root compromise from the exam of 6/18/15 and the MRI of 7/14/15. The patient has radiating pain from the exam notes of but this does not correlate with any imaging findings. No neural foraminal narrowing is present on the MRI report of 7/14/15. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

Associated Surgical Service: Length of stay, unspecified: 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: Neuromonitoring: 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 orthosis: 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.