

Case Number:	CM15-0164367		
Date Assigned:	09/01/2015	Date of Injury:	10/31/2012
Decision Date:	10/13/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/21/2015

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: Montana, Oregon, Idaho
 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 53 year old male who sustained an industrial injury on 10-31-2012 when he was struck by a forklift. The injured worker was diagnosed with herniated cervical disc and left arm proximal biceps rupture. No surgical interventions to date were documented. Treatment has included diagnostic testing with recent cervical spine magnetic resonance imaging (MRI) on June 11, 2015, physical therapy and medications. According to the primary treating physician's progress report on June 22, 2015, the injured worker continues to experience neck and arm pain. Examination of the neck demonstrated range of motion at 70 degrees flexion and extension with positive Spurling's. Deltoid, biceps, wrist flexors and extensors were 5 out of 5 with diminished triceps reflex on the left side. There was no weakness of the left biceps; however a visible deformity was present at the rupture site. Current medication was listed as Norco 10mg-325mg. Treatment plan consists of second opinion for the left shoulder and the current request for anterior decompression, fusion at C6-7 instrumentation bone graft and 1-2 day in-patient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior decompression, fusion at C6-7 instrumentation bone graft: 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 Neck and Upper Back, Discectomy-laminectomy-laminoplasty.

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 4/22/15, 5/20/15, 5/29/15 and 6/22/15 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. The only mention of conservative treatment is in the note from 1/22/15 documents the worker has been through physical therapy but does not mention whether this was for his neck or shoulder injury, whether there has been a formal period of activity modifications, nor does not mention the duration of therapy or activity modifications. In addition, the medical documentation fails to adequately describe the injured workers arm symptoms to indicate is they are radicular in nature versus a result of his proximal biceps rupture. Cervical discectomy and fusion would only be indicated in the setting of radicular symptoms. Therefore the requested surgical procedure is not medically necessary.

Associated surgical services: 1-2 days hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, a 1 day inpatient stay is recommended following an anterior cervical fusion. As a request is for 1-2 days the determination is for non-certification. In addition, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.