

Case Number:	CM15-0167554		
Date Assigned:	09/08/2015	Date of Injury:	12/17/1997
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/25/2015

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, Montana
 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 is a 73 year old female who reported an industrial injury on 12-17-1997. Her diagnoses, and or impressions, were noted to include: cervical degenerative disc disease, some severe; severe cervical stenosis; cervical radiculopathy; and a history of low-lumbar issues corrected by surgery. No current imaging studies of the cervical spine were noted. Her treatments were noted to include: cervical epidural steroid injection therapy - effective x 4 months; medication management; and rest from work. The progress notes of 8-7-2015 reported a 2-year history of neck and low back symptoms; and 6 months of neck pain that radiated to her right upper extremity, with significant weakness secondary to the pain. Objective findings were noted to include: no acute distress; decreased arm swing with her gait; a right biceps flexion focal weakness and decreased strength with wrist extension; positive right Spurling's sign; tenderness over the bilateral upper extremities and epicondyles; and significant tenderness to the bilateral cervical para-spinal muscles, facet joints and inter-spinous processes; as well as a review of the magnetic imaging studies. The physician's requests for treatments were noted to include cervical discectomy, decompression and fusion surgery with pre-operative clearance and post-operative x-rays and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7 Anterior Discectomy and Fusion with Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Documentation does not support these criteria for surgery. The requested treatment: C5-C7 Anterior Discectomy and Fusion with Instrumentation is not medically necessary and appropriate.

Pre operative 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.

Post operative X-rays: 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 services; Physical therapy 18 visits: 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.