

Case Number:	CM15-0180364		
Date Assigned:	09/25/2015	Date of Injury:	01/12/1993
Decision Date:	11/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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, California
 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:

The injured worker is a 79 year old male, who sustained an industrial injury on 1-12-1993. The injured worker was diagnosed as having cervical spinal stenosis and brachial neuritis or radiculitis, not otherwise specified. Treatment to date has included diagnostics, physical therapy, and cervical spinal surgery (8-06-2012), anterior cervical vertebrectomy, anterior cervical fusion at C5-6 and C6-7). Currently, the injured worker complains of persistent symptoms. He reported a slight improvement in his head range of motion as he is doing therapy and he notes massage has been of some help. There was occasional pain in his left shoulder and lack of sensation in the left shoulder. Strength was "somewhat diminished" and he had "some atrophy in his hands". Computerized tomography of the cervical spine (12-2014) showed anterior metallic plate from C5-C7 with vertebral body screws (hardware appears intact), at C3-4 moderate disc narrowing, 2mm retrolisthesis, 1mm posterior disc bulge, mild to moderate narrowing of the spinal canal, and moderate right and severe left neural foraminal narrowing, at C4-5 mild disc narrowing, 2mm retrolisthesis, 4mm disc protrusion, mild narrowing of the spinal canal, and moderate neural foraminal narrowing, at C5-6 severe disc narrowing and partial disc fusion, moderate to severe bilateral neural foraminal narrowing, at C6-7 severe disc narrowing and partial disc fusion, moderate right and moderate to severe left neural foraminal narrowing, and at C7-T1 mild disc narrowing and 2mm posterior disc bulge. Superimposed carpal tunnel syndrome was noted. Medication use included Mobic. Exam of the neck noted "mild" limitation in range of motion and discomfort with flexion-extension. Root entrapment signs were documented as negative. Sensory exam noted diminution to pin over the shoulders consistent with C5

distribution, left greater than right, and evidence of sensory loss over the median nerve distribution. Motor exam noted persistent weakness of the biceps (4 of 5) and deltoids (4+ of 5) bilaterally. The treatment plan included cervical laminectomy, posterior cervical fusion C3, C4, C5, and pre-operative testing, complete blood count, comprehensive metabolic panel, prothrombin time, partial thromboplastin time, urinalysis, chest x-ray, and EKG. The requested cervical spinal surgery and pre-operative testing was non-certified by Utilization Review on 8-14-2015 (determination date) and electronic proof of service on 8-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Laminectomy, Posterior Cervical Fusion C3, C4, C5: 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: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of this. 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. Documentation does not provide this evidence. 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. The requested treatment: Cervical Laminectomy, Posterior Cervical Fusion C3, C4, C5 is not medically necessary and appropriate.

Pre operative testing: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Services;; CBC, CMP: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Services: PT/PTT: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Services: Urine Analysis (UA): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Services: Chest X-ray: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Services: EKG: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.