

Case Number:	CM15-0180745		
Date Assigned:	09/22/2015	Date of Injury:	09/15/2010
Decision Date:	12/03/2015	UR Denial Date:	08/28/2015
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 year old female, who sustained an industrial injury on September 15, 2010, incurring neck and spine injuries. She was diagnosed with cervical degenerative disc disease, foraminal stenosis and bilateral cervical radiculopathy. Treatment included medications, work restrictions, rest, acupuncture, laser therapy, immobilization, massage, physical therapy and epidural steroid injection. She had minimal improvement from physical therapy and epidural steroid injection. Currently, the injured worker complained of persistent neck and cervical pain with shoulder pain and discomfort. She had difficulties with prolonged activities, standing, and walking. On August 3, 2015, a cervical Magnetic Resonance Imaging revealed a disc bulge with osteophyte changes and facet degenerative changes, canal stenosis. She rated her cervical pain 9 out of 10 radiating into the bilateral shoulders associated with weakness and numbness. The treatment plan that was requested for authorization included a cervical discectomy and fusion, pre-operative medical clearance, two day inpatient hospital stay and 12 visits of post-operative physical therapy. On August 28, 2015, a request for a cervical discectomy and fusion, medical clearance, post-operative physical therapy and two day inpatient stay was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Neck & Upper Back - Fusion, anterior cervical; ODG Indications for Surgery - Discectomy/laminectomy (excluding fractures).

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

Decision rationale: The California MTUS Guidelines note that before surgery it is prudent to consider a psychological evaluation. Documentation does not show this has been obtained. The patient's complaints are atypical enough to warrant this. The requested treatment: C5-6 anterior cervical discectomy and fusion is not medically necessary and appropriate.

Associated surgical service: Two (2) days inpatient 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 (ODG), 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 Since the requested treatment: C5-6 anterior cervical discectomy and fusion is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Two (2) days inpatient hospital stay is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: C5-6 anterior cervical discectomy and fusion Is NOT Medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Two (2) days inpatient hospital stay Is NOT Medically necessary and appropriate.

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

Post-operative physical therapy, 12 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.