

Case Number:	CM15-0184349		
Date Assigned:	09/24/2015	Date of Injury:	10/05/2005
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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:

The injured worker is a 47-year-old male, with a reported date of injury of 10-05-2005. The diagnoses include status post anterior cervical discectomy and fusion at C6-7. Treatments and evaluation to date have included cervical discectomy and fusion in 10-2006 and oral medications. The diagnostic studies to date have not been included in the medical records. The initial comprehensive orthopedic evaluation dated 04-30-2015 indicates that the injured worker had been having increased pain in the neck with radiation to both arms, much worse on the left. It was noted that the injured worker had a surgical fusion at C6-7 without much improvement. It was noted that the injured worker's medication was not controlling the symptoms. The injured worker rated his pain 8 out of 10, and the pain was described as sharp. It was indicated that the medication helped, but did not stop the numbness to the thumb, index finger, and middle finger on the left. The physical examination showed the ability to toe walk, heel walk, and squat; no listing of the neck; a well-healed incision to the left side of the neck; decreased sensation in the C6, C7, and C8 distribution; positive Spurling's test; and normal motor throughout. It was noted that the injured worker underwent an x-ray of the cervical spine, which showed solid fusion at the C6-7 with cage and anterior cervical plate, persistent foraminal narrowing on the bilateral C6-7, and some foraminal narrowing on the right side at C4-5. The treating physician noted that the injured worker's status would continue to be permanent and stationary. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested anterior cervical discectomy and fusion at C5-6, hardware removal, and foraminotomy at C6-7; inpatient stay for two days; an assistant surgeon; and medical clearance. On 09-03-2015, Utilization Review (UR) non-certified the request for anterior cervical discectomy and fusion at C5-6, hardware removal, and foraminotomy at C6-7; inpatient stay for two days; an assistant surgeon; and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy & Fusion at C5-6, Hardware Removal, Foraminotomy at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG Neck & Upper Back.

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 provide evidence of this. Therefore, the request is not medically necessary.

Associated Surgical Service: Inpatient Stay (2-days): 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.

Assistant Surgeon: 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: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.