

Case Number:	CM15-0184615		
Date Assigned:	09/25/2015	Date of Injury:	10/17/2014
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 41 year old male, who sustained an industrial injury on 10-17-14. Current diagnoses or physician impression include musculoligamentous sprain-strain cervical spine with closed head injury, herniated nucleus pulposus and cervical stenosis at C5-C6 and C6-C7 with severe right sided foraminal stenosis at C5-C6 and C6-C7 and right C6-C7 radiculopathy. His work status is modified duty. A report dated 8-10-15 reveals the injured worker presented with complaints of neck pain, low back pain, memory loss and loss of smell. A note dated 8-20-15 reveals complaints of neck pain that radiates down his right arm. A physical examination dated 6-24-15 and 8-10-15 revealed "tender DEC range of motion cervical spine, positive Spurling's right." An examination dated 8-20-15 reveals "severe painful loss of range of motion of the cervical spine with guarding and spasms, Spurling's sign is markedly positive on the right with radiating arm pain and decreased sensation in the C6-C7 distribution to the right upper extremity." Treatment to date has included, lumbar support, lumbar cushion, TENS unit and neurology consult. A physical therapy note dated 3-17-15 states the injured worker has made steady progress with therapy with decreased symptoms and improved function. The note also states the cervical spine symptoms and impairments are most limiting in regards to severity of symptoms and functional limitations. Diagnostic studies to date have included cervical spine MRI, which revealed moderate right sided foraminal stenosis C5-C6 and cervical spine x-rays are within normal limits, per physician note dated 8-10-15. A physician note dated 8-20-15 states an MRI on 1-5-15 revealed "herniated nucleus pulposus at C5-C6 and C6-C7 with severe right sided foraminal stenosis at C5-C6 and C6-C7." A request for authorization dated 8-27-15

for anterior cervical discectomy and stabilization at C5-C6 and C6-C7, assistant surgeon, 23 hour in patient hospitalization and orthofix external bone growth stimulator is non-certified, per Utilization Review letter dated 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and stabilization at C5-C6 and C6-C7: 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 Chapter.

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. 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: Anterior cervical discectomy and stabilization at C5-C6 and C6-C7 is not medically necessary and appropriate.

Associated surgical service: 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: 23-hour in-patient hospitalization: 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 Chapter.

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: Orthofix external bone growth stimulator: 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 Chapter.

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.