

Case Number:	CM15-0188355		
Date Assigned:	09/30/2015	Date of Injury:	08/15/2008
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/24/2015

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: California

Certification(s)/Specialty: Orthopedic 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 51 year old male, who sustained an industrial-work injury on 8-15-08. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, cervical radiculopathy, status post cervical artificial disc, and status post cervical spine fusion. Medical records dated (2-6-15 to 8-10-15) indicate that the injured worker complains of constant neck pain that radiates down the bilateral upper extremities. There is also associated numbness and tingling and occipital headaches. The pain is described as moderate to severe and aggravated by activity the injured worker reports moderate difficulty with sleeping. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 8-10-15 the injured worker returned to work. The physical exam dated 8-10-15 reveals spinal tenderness in C4-7 and the bilateral paravertebral C3-5 area. The range of motion of the cervical spine is moderately limited due to pain. The pain is significantly increased with flexion, extension and bilateral lateral flexion rotation. There is decreased touch sensation in the bilateral upper extremities and the affected dermatome is C7. The motor exam shows decreased strength is the extensor muscles bilaterally dermatome C3-5. Treatment to date has included pain medication, physical therapy, diagnostics, cervical epidural steroid injection (ESI), activity modification and other modalities. The physician indicates that the Magnetic resonance imaging (MRI) of the cervical spine dated 6-3-14 reveals C3-4 disc protrusion, C4-5 disc protrusion, and C6-7 compromise of the bilateral exiting nerve roots is seen. The request for authorization date was 9-3-15 and requested services included C3-C4 anterior cervical discectomy and rigid fusion with removal of hardware at C6-7, Associated surgical service: 2-3 inpatient days, Associated surgical service: Minerva Mini Collar #1, Associated surgical service: Miami J Collar with thoracic extension #1, Associated surgical service: Bone Stimulator purchase,

Associated surgical service: Assistant Surgeon, and Associated surgical service: Medical clearance with internist. The original Utilization review dated 9-9-15 non-certified the request for C3-C4 anterior cervical discectomy and rigid fusion with removal of hardware at C6- 7, Associated surgical service: 2-3 inpatient days, Associated surgical service: Minerva Mini Collar #1, Associated surgical service: Miami J Collar with thoracic extension #1, Associated surgical service: Bone Stimulator purchase, Associated surgical service: Assistant Surgeon, and Associated surgical service: Medical clearance with internist as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C4 anterior cervical discectomy and rigid fusion with removal of hardware at C6-7: Upheld

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

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is not convincing evidence of correlating nerve root compromise from the exam of 8/10/15. The patient has radiating pain from the exam notes of but this does not correlate with any imaging findings. Therefore, the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

Associated surgical service: 2-3 inpatient days: 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 & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Hospital length of stay.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Minerva Mini Collar #1: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Postoperative collars.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Miami J Collar with thoracic extension #1: 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 & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Postoperative collars.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Bone Stimulator purchase: 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), Low Back Chapter and http://www.odg-twc.com/odgtwc/Knee_files/bcbs_stim.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck,, bone growth stimulator.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are 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 base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Medical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.