

Case Number:	CM15-0188664		
Date Assigned:	09/30/2015	Date of Injury:	10/26/2006
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
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: 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 50 year old male, who sustained an industrial injury on 10-26-06. The injured worker was diagnosed as having cervical stenosis with left-sided radiculopathy; low back pain radiating down to left leg. Treatment to date has included physical therapy; status post right knee surgery; medications. Diagnostics studies included MRI cervical spine (3-10-15); x-rays cervical spine (7-29-15). Currently, the PR-2 notes dated 7-29-15 indicated the injured worker presents to the office for an examination of his neck pain. His neck pain is reported to radiate down to the left arm, low back pain is radiating down to left leg. He reports having a hard time using his arms; he drops objects all the time and cannot button his shirt. He reports poor balance. He reports he has had no physical therapy or cortisone injections. He is taking Norco up to five times a day for pain and reports a surgical history for right total knee replacement surgery. On physical examination, the provider documents "The patient has diffuse tenderness to palpation; motor is 4+ out of 5 throughout the bilateral upper extremities and 5 out of 5 throughout the bilateral lower extremities. Sensation to light touch but it is decreased in distribution of the left C5, C6 and C7 as well as L4, L5 and S1. He has no Hoffmann's and no clonus. He has a hard time performing tandem gait; deep tendon reflexes are 2 out of 4 throughout the bilateral upper and lower extremities. Muscle strength was checked in both upper extremities with 4+ out of 5 on all levels of major nerve distribution." A MRI of the cervical spine done on 3-10-15 revealed multiple levels of mild to moderate spinal canal stenosis with multiple levels of bilateral neural foraminal stenosis most severely at C4-5 and C5-6. X-ray of the cervical spine also notes degenerative disc disease at multiple levels more severely at C5-C6. A PR-2 dated 8-31-15 indicated the injured worker was in the office for an examination and

review if MRI cervical spine images. He complains of neck pain radiating through the bilateral shoulders, left more than right as well as symptoms of myelopathy. The provider notes the injured worker has had physical therapy and epidural steroid injections in the past with minimal relief. He reports the injured worker has failed conservative management and is a candidate for an ACDF C4-C6 and C5-C6. A Request for Authorization is dated 9-24-15. A Utilization Review letter is dated 9-11-15 and non-certification for an Anterior cervical decompression and fusion C4-6 and associated services. A request for authorization has been received for an Anterior cervical decompression and fusion C4-6 and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical decompression and fusion C4-6: 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: 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 contain 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. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The requested treatment: Anterior cervical decompression and fusion C4-6 is not medically necessary and appropriate.

Associated surgical service: 2 day inpatient stay: 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.

Pre-op 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.

Pre-op 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op labs: 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.

Pre-op 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: cervical collar: 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: Bone growth stimulator: 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.