

Case Number:	CM15-0190192		
Date Assigned:	10/02/2015	Date of Injury:	03/12/2008
Decision Date:	12/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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 59 year old male who sustained an industrial injury on 3-12-2008. A review of medical records indicates the injured worker is being treated for evidence of a moderate right carpal tunnel syndrome, moderate left carpal tunnel syndrome, and brachial plexopathy or cervical radiculopathy in either upper limb. Medical records dated 8-24-2015 noted constant neck pain, worse when sleeping and lying on his back. Physical examination noted cervical paraspinal tenderness bilaterally and trapezius. Range of motion was reduced. Treatment has included physical therapy, medications, and 5 or 6 cervical epidural injections. The injections provide temporary relief. MRI of the cervical spine dated 2-7-2015 revealed at C3-4 there is a 3mm right foraminal disc osteophyte complex abutment of the existing right cervical nerve root, at C5-6 there are 3mm biforaminal disc osteophyte complexes resulting in abutment of the existing cervical nerve roots bilaterally with narrowing of the neural foramina bilaterally, at C6-7 there are 2mm biforaminal disc osteophyte complexes with abutment of the existing cervical nerve roots bilaterally. Utilization review form dated 9-11-2015 noncertified anterior cervical discectomy and fusion C4-5, C5-6, C6-7, inpatient x 2 days, pre-op medical clearance, pre-op chest x-ray, pre-op EKG, and post op vista surgical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical disectomy and fusion C4-5, C5-6, 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) Neck chapter, Fusion, anterior cervical.

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 no evidence of correlating nerve root compromise from the exam of 8/24/15. The patient has radiating pain from the exam notes of but this does not correlate with any imaging findings form 2/7/15. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

LOS Inpatient times 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.

Pre-Op medical clearance with sports medicine physician: 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 ECG: 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.

Post-Op DME Purchase: Vista surgical 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.