

Case Number:	CM15-0192108		
Date Assigned:	10/06/2015	Date of Injury:	01/12/2015
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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, Oregon, Washington
 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 injury on 1-12-15. The injured worker is being treated for severe cervical spondylitic stenosis, recent acute onset of impotence, right cervical radiculopathy and cervical myelopathy. (MRI) magnetic resonance imaging of cervical spine performed on 8-20-15 revealed moderate spinal canal stenosis at C5-6 with mild cord indentation, moderate spinal canal stenosis at C6-7 without cord compression and multilevel neural foraminal stenosis. (MRI) magnetic resonance imaging of cervical spine performed on 8-28-15 revealed status post interval C5-7 anterior cervical disc fusion with improvement in canal and neural foraminal stenosis at operative levels and diffuse prevertebral edema in right neck. Treatment to date has included anterior cervical vertebrectomy C5, C6 and C7 with anterior micro decompression of cervical spinal cord and anterior cervical fusion at C5, 6 and 7 (performed on 8-24-15); intravenous steroids, traction, physical therapy and activity modifications. He is currently not working. On 8-18-15, the injured worker complains of continued neck pain rated 6-7 out of 10, he is unsteady, balance is off and he feels he has adequate strength. Physical exam on 8-18-15 revealed limited range of motion of neck with tenderness and spasm. On 8-25-15 request for authorization was submitted for cervical laminectomy with posterior cervical fusion with plate instrumentation and 2-day inpatient stay. On 9-1-15 request for cervical laminectomy with posterior cervical fusion with plate instrumentation and 2 day in-patient stay was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical laminectomy with posterior cervical fusion with plate instrumentation at C3-C7:

Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Fusion, posterior cervical.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) / Discectomy-laminectomy-laminoplasty.

Decision rationale: Per ODG Neck and Upper Back (Acute & Chronic) / Discectomy-laminectomy-laminoplasty: "Recommended as an option if there is a radiographically demonstrated abnormality to support clinical findings consistent with one of the following: (1) Progression of myelopathy or focal motor deficit; (2) Intractable radicular pain in the presence of documented clinical and radiographic findings; or (3) Presence of spinal instability when performed in conjunction with stabilization." In this case, this patient has had a C5-7 anterior cervical fusion. There is no evidence of progressive myelopathy, intractable radicular pain or spinal instability. As this patient has not met ODG guidelines, the recommendation is not medically necessary.

Associated surgical service: 2 day in-patient 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.