MAXIMUS Federal Services

Case Number:	CM15-0192700		
Date Assigned:	10/07/2015	Date of Injury:	11/11/2014
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
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: 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 38 year old male who sustained an industrial injury on 11-11-2014. Medical records indicated the worker was treated for spinal stenosis in the cervical region. According to the Initial Orthopaedic Spine Consultation of 09-17-2015, he is noted to have pain and numbness radiating down both arms into his hands and fingers, left worse than right. EMG (electromyogram) studies (01-19-2015) were reported to show mild left sensory median carpal tunnel without evidence of entrapment neuropathy. He was treated initially with physical therapy to the wrist for a total of 9 sessions for carpal tunnel. The worker was noted to be having symptoms from the neck radiating down his left arm for which a MRI (02-16-2015) of the cervical spine was ordered and he was found to have cervical spinal stenosis. The MRI also showed a large disc osteophyte complex at C5-6 with clear compression of the existing C6 nerve root. Smaller disc herniations are noted at C4-5 and C6-7. Earlier (03-06-2015) the worker saw a surgeon and surgery was scheduled for his cervical spine, but at the time the central canal stenosis was not accepted and the surgery was cancelled. The cervical canal stenosis is now an accepted claim on an industrial basis. The worker has had no physical therapy to the neck. He has not had any injections to the cervical spine. In the Primary Treating Physician's Progress Report (PR2) of 08-28-2015, the worker complains of constant neck pain radiating into the upper extremities. On examination Spurling's test is positive bilaterally, there is crepitis right shoulder with passive range of motion. Phalen's tests are negative bilaterally, and wrist compression test is positive bilaterally. Deep tendon reflexes show absent brachioradialis reflexes. Sensation is decreased in bilateral C8 dermatomes and he has weakness of left wrist extensors (C6). A 4 view X-ray of the cervical spine on 09-17-2015 showed minimal

retrolisthesis of C2 on C3 and C3 on C4 on extension which reduces on flexion and mild disc degeneration form C4-C5 through C6-C7. The treatment plan included Anterior Cervical Discectomy and Fusion. A request for authorization was submitted for the following: 1. Anterior cervical discectomy and fusion at C5-6. 2. Associated surgical service: assistant surgeon. 3. Associated surgical service: inpatient stay - 2 days. 4. Associated surgical service: medical clearance appointment. 5. Pre-op workup - CBC and CMP. 6. Pre-op workup - PT/PTT. 7. Pre-op workup - UA. 8. Pre-op workup - EKG. 9. Pre-op workup - chest X-ray. 10. Associated surgical service: cervical collar - purchase. 11. Associated surgical service: cardio clearance. 12. Associated surgical service: front wheeled walker - purchase. 13. Associated surgical service: home health RN - 8 visits. 14. Associated surgical service: home health physical therapy - 8 visits. A utilization review decision on 09/30/2015 Non-certified the surgery 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 discectomy and fusion at C5-6: Upheld

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

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 supply 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 discectomy and fusion at C5-6 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: inpatient stay - 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: medical clearance appointment: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op workup - CBC and CMP: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op workup - PT/PTT: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op workup - UA: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op workup - 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op workup - 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: cervical collar - purchase: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: cardio 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: front wheeled walker - purchase: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: home health RN - 8 visits: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: home health physical therapy - 8 visits: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.