

Case Number:	CM15-0192734		
Date Assigned:	10/13/2015	Date of Injury:	05/29/2012
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
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 53-year-old female, with a reported date of injury of 05-29-2012. The diagnoses include cervical radiculopathy. Treatments and evaluation to date have included anti-inflammatory medications and physical therapy. The diagnostic studies to date have included an MRI of the cervical spine on 01-22-2014 which showed mild levoscoliosis of the mid cervical spine, postoperative changes at C5-6, disc desiccation at C2-3, C3-4, and C5-6, mild degenerative disc disease with endplate osteophytic ridging at C3-4 and C4-5, bilateral neural foraminal stenosis at C3-4, C4-5, and C6-7, and multilevel broad-based posterior disc bulge at C3-4, C4-5, and C6-7 and mild central canal stenosis; and a CT scan of the cervical spine on 10-07-2014 which showed status post anterior fusion at C5-6 and mild spondylosis. The orthopedic examination report dated 08-25-2015 indicates that the injured worker presented for follow-up. The injured worker complained of neck pain, with radiation of pain to the right arm and to the right middle finger. The physical examination showed tenderness to palpation over the cervical paraspinal musculature; normal cervical lordosis; cervical flexion was 50 degrees; cervical extension was 60 degrees; cervical rotation to the left was 80 degrees; cervical rotation to the right was 80 degrees; cervical right lateral bend was to 45 degrees; cervical left lateral bend was to 45 degrees; no tenderness to palpation over the cervical spinous process; and diminished sensation over the right C7 dermatomes. The treating physician noted that the injured worker had failed conservative treatment of the cervical spine, and she had a disc herniation that was consistent with her neurologic deficit. The treating physician indicated that the injured worker was a candidate for a C6-7 anterior cervical discectomy and fusion. The surgery was discussed

with the injured worker and she agreed to proceed. It was noted that the injured worker may return to work with restrictions. She was at total temporary disability. The request for authorization was dated 08-25-2015. The treating physician requested an anterior cervical discectomy and fusion at C6-7 and nine associated services. On 09-08-2015, Utilization Review (UR) non-certified the request for an anterior cervical discectomy and fusion at C6-7 and nine 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 C6-C7: 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. 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. Documentation does not provide this evidence. The requested treatment: Anterior cervical discectomy and fusion at C6-C7 is not medically necessary and appropriate.

Associated surgical service: Inpatient hospital stay x 3 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.

Pre-op clearance, History and physical: 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: 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.

Associated surgical service: 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.

Pre-op labs, Chemistry panel: 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 labs, Complete Blood Count (CBC): 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 labs, PTT/INR: 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 labs, Urinalysis: 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.

Post-op physical therapy 2 x 8: 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.