

Case Number:	CM15-0200323		
Date Assigned:	10/15/2015	Date of Injury:	10/21/2003
Decision Date:	11/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/13/2015

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 56 year old male with an industrial injury dated 10-21-2003. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, cervical radiculopathy and cervical disc displacement herniated nucleus pulposus. According to the progress note dated 8-28-2015, the injured worker reported persistent neck pain at the base of scar and radiculopathy of his right upper extremity radiating to his third and fourth digit. Cervical exam (8-28-2015) was not included in report. The treating physician reported that the Computed tomography myelogram dated 10-24-2014 revealed fusion of the cervical spine from C3-7 with no significant stenosis and adjacent disk disease of C7-T1. Physical exam (07-09-2015, 09-03-2015) revealed no visible masses, well healed cervical surgical scar and stiff range of motion. Treatment has included X-ray of the cervical spine dated 09-25-2012 and 12-07-2012, Computed tomography of the cervical spine dated 03-05-2014, Magnetic Resonance Imaging (MRI) of the cervical spine dated 10-10-2012, CT Myelogram on 10-24-2014, prescribed medications, multiple cervical spine surgeries including anterior cervical discectomy and fusion (ACDF) and posterior cervical foraminotomy on 12-24-2008, and periodic follow up visits. The treatment plan included cervical fusion. The utilization review dated 10-12-2015, non-certified the request for anterior and posterior fusion at C7-T1 and associated surgical service: Inpatient Stay, LOS x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior fusion at C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, anterior cervical; fusion, posterior 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 CT myelogram from 10/24/14. The patient has radiating pain from the exam notes of 7/9/15 and 9/3/15 but this does not correlate with any imaging findings. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

Associated surgical service: Inpatient Stay, LOS x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Hospital length of stay (LOS).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.