

Case Number:	CM15-0201385		
Date Assigned:	10/20/2015	Date of Injury:	08/30/2013
Decision Date:	12/02/2015	UR Denial Date:	09/08/2015
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: 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 55 year old male with an industrial injury dated 08-30-2013. A review of the medical records indicates that the injured worker is undergoing treatment for displacement of cervical intervertebral disc without myelopathy, cervical spondylosis, cervical spinal stenosis, and cervicalgia. In a progress report dated 07-14-2015, the injured worker reported neck and left upper extremity pain. Pain level was 10 out of 10 on a visual analog scale (VAS). Objective findings (07-14-2015) revealed slight medial upper scapula pain on the left. Cervical range of motion was 20 degrees of flexion, 15 degrees of extension, 35 degrees of lateral rotation, and 10 degrees of lateral flexion of the cervical spine. According to the progress note dated 07-30-2015, subjective complaints include neck pain and left arm pain. The treating physician reported that the injured worker status remains the same and clinical exam remains unchanged. In progress report 07-14-2015, the treating physician reported that the x-ray of the cervical spine dated 08-30-2013 revealed "space narrowing at C5-7 with extensive spondylitic changes." The treating physician reported that the Magnetic Resonance Imaging (MRI) of the cervical spine dated 11-12-2013 revealed a small disc protrusion at C3-4 and C4-5, large disc protrusion at C5-7 with radiographically cord compression and foraminal stenosis at these levels. The treating physician also reported that the CT of myelogram of the cervical spine performed on 01-05-2015 revealed a "slight apex left scoliosis at the cervicothoracic junction. There was some spurring posterior superior at C4, significant spurring posterior at C5-6 and C6-7, large spur extending up the back of the C6 vertebral body, causing significant impingement centrally, and may even be eroded through the dura and is nearly touching the cord. There was some spurring anteriorly at the C1-2

level." According to the treating physician, "he has foraminal stenosis on the left greater than the right at C5-6 and C6-7." Treatment has included X-ray of cervical spine, cervical MRI and CT scan, prescribed medications, epidural injection on 05-30-2014, and physical therapy without relief. Documentation (07-14-2015) noted that he has not tried chiropractic treatment or acupuncture. The utilization review dated 09-08-2015, non-certified the request for C5-7 anterior cervical discectomy, fusion, plate and graft placement, assistant surgeon and Pre-operative testing: CBC, BMP, PT-PTT, EKG, Urinalysis, chest x-ray; Post-operative cervical x-ray and back brace and continuation of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-7 Anterior Cervical Discectomy, Fusion, Plate and Graft Placement: Upheld

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

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 provide 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: C5-7 Anterior Cervical Discectomy, Fusion, Plate and Graft Placement is not medically necessary and appropriate.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Testing: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Testing: BMP: 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-Operative Testing: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Testing: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Testing: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Testing: 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.

Post-Operative Cervical 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.

Post-Operative Back Brace: 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.

Continuation of Care: 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.