

Case Number:	CM15-0209230		
Date Assigned:	10/28/2015	Date of Injury:	09/14/1999
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/23/2015

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

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 50 year old female, who sustained an industrial injury on 9-14-1999. The injured worker was diagnosed as having status post anterior cervical discectomy and fusion C5-C7, possible pseudoarthrosis C6-C7, cervical spondylosis with retrolisthesis C4-C5 with vacuum disc phenomenon with mild bilateral foraminal stenosis, moderate right foraminal stenosis C5-6, and mild bilateral foraminal stenosis C6-7. Treatment to date has included diagnostics, medications, cervical spinal surgery, cortisone injection, right shoulder surgery in 2013, spinal cord stimulator in 2012, and lumbar spinal surgery in 4-2015. On 10-08-2015, the injured worker complains of constant and severe occipital neck pain with radiation down her left arm, associated with bilateral arm numbness. She also reported pain in her low back and was wearing a lumbar corset. She medically retired in 2012 for low back pain. Exam of the cervical spine noted normal cervical lordosis, tenderness in the trapezii bilaterally, restricted range of motion in all planes with pain at limits of the range, and normal motor and sensory. Radiographs of the cervical spine (8-13-2015) were documented to show "status post ACDF C5-C7, possible pseudoarthrosis C6-C7" and cervical spondylosis with retrolisthesis C4-C5. Computerized tomography myelogram of the cervical spine (9-02-2015) was documented to show "prior anterior cervical discectomy and interbody fusion (ACDF) from C5 through C7" and "irregular lucency at the vertebral-graft interface at C6-C7 disk space as well as associated sclerosis, concerning for pseudoarthrosis", "straightening of the normal cervical lordosis", "1mm retrolisthesis of C4 on C5 and 1.5cm anterolisthesis of C7 on T1", "multilevel moderate spondylosis of the cervical spine, most prominent at C4-C5 and C7-T1", "multilevel mild to moderate foraminal stenosis", and "probable hemangioma in left lateral aspect T1 vertebral body". On 10-20-2015 Utilization Review non-certified a request for anterior cervical discectomy and fusion C4-5, bilateral C6-7, and right C5-6 foramenotomy, posterior, and associated surgical 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 C4-5, bilateral C6-7, and right C5-6 foramenotomy, posterior: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case, the exam notes from 10/8/15 do not demonstrate any recent comprehensive conservative treatment has been performed for the claimant's cervical left sided radiculopathy. Therefore the determination is for not medically necessary.

Associated surgical service: Facility, in patient, 5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, hospital length of stay.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Vista cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, post-operative collar.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.