MAXIMUS Federal Services

Case Number:	CM15-0020894		
Date Assigned:	02/11/2015	Date of Injury:	05/16/2011
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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 51 year old male with an industrial injury dated 05/16/2011. He presented on 12/10/2014 for re-evaluation of his neck and low back pain. He reports the lumbar epidural steroid injection on 11/25/2014 helped significantly (60-70%). The requested surgery remained under appeal. He continues to have pain in his neck that radiates into his upper back and down into his hands. He reports numbness and tingling into his hands. Cervical spine exam noted 5/5 strength in bilateral upper extremities. Spurling's sign was positive. Hoffman's sign was negative bilaterally. There was significant tenderness over the cervical paraspinals and pain with range of motion. Lumbar spine noted strength 5/5 of bilateral lower extremities. Sensation was intact. Sciatic notches and sacroiliac joints were tender to palpation. Straight leg raise was negative bilaterally. Exam note from 1/5/15 demonstrates neck and low back pain. Strength is noted to be 4/5 in bilatreal upper extremities in all planes. Sensation is diminished at C6-7 bilaterally. MRI cervical spine 4/24/14 demonstrates moderate C5/6 right foraminal narrowing. Prior treatment includes lumbar epidural steroid injections and medications. Diagnosis was chronic neck pain, cervical degenerative disc disease, cervical spondylosis, cervical radiculitis, low back pain, bilateral lumbar 4 radiculopathy, lumbar spondylosis, lumbar disc pain and chronic pain syndrome. On 01/20/2015, utilization review issued the following decisions:-
1 day inpatient stay was non-certified; Surgical assistant was non-certified; Internist for medical clearance was non-certified; Pre-op laboratory CBC, CMP, PTT, PT/INR, nares culture for MRSA; Anterior Cervical Discectomy, Fusion C5-C6. ODG was cited. The

Reviewer notes "as the surgery is not supported the requested surgical assistant, internist for medical clearance, preoperative laboratories and inpatient stay are also not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy, fusion at C5-C6: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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 exam of 1/5/15. The patient has a C6/7 radiculopathy which does not correlate with any imaging findings. Therefore, the patient does not meet accepted guidelines for the procedure and the request is non-certified.

One-day inpatient stay: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

Surgical assistant: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aaos.org/about/papers/position/1120.asp.

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

Associated surgical services: Internist for medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

Pre-operative laboratory services: CBC, CMP, PTT, PT/INR nares culture for MRSA: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.