

Case Number:	CM15-0025844		
Date Assigned:	03/25/2015	Date of Injury:	11/20/2003
Decision Date:	05/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/11/2015

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
 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 64 year old female, who sustained an industrial injury on November 24, 2003. She reported neck pain, with radiating pain, numbness and tingling down the upper extremities to the hands, right worse than left, constant headaches and chronic low back pain. The injured worker was diagnosed as having progressive cervical pain most likely due to symptomatic cervical disc herniation, radiculitis and facet joint arthropathy, bilateral shoulder pain secondary to chronic impingement and lower back pain secondary to degenerative disc disease. Treatment to date has included radiographic imaging, diagnostic studies, trigger point injections, conservative therapies including physical therapy, medications and work restrictions. Currently, the injured worker complains of neck pain, with radiating pain, numbness and tingling down the upper extremities to the hands, right worse than left, bilateral shoulder pain, constant headaches and chronic low back pain. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. She has been treated with conservative therapies and trigger point injections without complete resolution of the pain. Evaluation on June 24, 2014, revealed continued pain. She reported having interest in surgical intervention secondary to a decreased quality of life. The plan was to have electromagnetic studies, repeat magnetic resonance imaging, continuing pain medications and continued monitoring. Evaluation on January 22, 2015, revealed continued pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Fusion, anterior cervical.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180.

Decision rationale: The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling shoulder and arm symptoms. The documentation shows this patient has been complaining of pain in the neck, constant headaches, bilateral shoulder pain and low back pain. Documentation does not disclose disabling shoulder and arm symptoms. The guidelines list the criteria for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for an anterior cervical discectomy and fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The Requested Treatment: C4-C7 anterior cervical discectomy and fusion is not medically necessary.

One day inpatient hospital 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), Neck & Upper Back, Hospital length of stay (LOS)guidelines.

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.

Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.bcbsnc.com.

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 physical therapy, three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 32.

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.

Associated Surgical Service: 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 (ODG), Neck & Upper Back, Back brace post operative (fusion).

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..

Associated Surgical Service: External bone growth stim: 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), Low Back.

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.