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| Case Number: | CM15-0028965 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 07/21/2011 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 01/24/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: Oregon, 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 52-year-old female who reported an injury on 07/21/2011. The injured worker was reportedly struck by a stack of falling doors. The current diagnoses include chronic neck pain, left cervical radiculopathy, C5-6 cervical disc disease, and left paracentral protrusion at C6-7. On 01/15/2015, the injured worker presented for a surgical consultation. It was noted that the injured worker had received conservative management in the form of chiropractic treatment, physical therapy, and trigger point injections. The injured worker reported constant neck pain with radiating symptoms into the mid back and left shoulder. Exacerbating factors included increased activity. Upon examination, there was a positive Spurling's maneuver on the left, no evidence of myelopathy, 1+ deep tendon reflexes, intact sensation and 4/5 motor weakness on the left. X-rays of the cervical spine revealed severe disc disease at C5-6. Recommendations at that time included a C5-6 and C6-7 fusion. A request for authorization form was then submitted on 01/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy decompression and instrumented fusion, autograft, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft C5-6 and C6-7, neurostyle plate and cages with 2-3 days length of stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines recommend anterior cervical fusion for spondylotic radiculopathy when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. In this case, it is noted that the injured worker has exhausted conservative management. Guidelines recommend surgery for severe, debilitating symptoms with pathophysiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies. In this case, there is no documentation of a significant musculoskeletal deficit upon examination. There is no evidence of severe debilitating symptoms. It is noted that the injured worker has x-ray evidence of severe stenosis. However, there was no documentation of spinal instability upon flexion and extension view radiographs. Given the above, the injured worker does not meet criteria as outlined by the above mentioned guidelines. As such, the request is not medically appropriate at this time.

Eight (8) post-operative physical therapy sessions 2 times a week for 4 weeks for the cervical spine: 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.

Associated surgical services: Bone stimulator: 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.

Eight (8) post-operative Aquatic therapy sessions 2 times a week for 4 weeks for the cervical spine: 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.

Associated surgical services: Vista collar: 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.