

Case Number:	CM15-0212106		
Date Assigned:	11/03/2015	Date of Injury:	07/15/2015
Decision Date:	12/16/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/28/2015

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 29 year old male who sustained an industrial injury 07-15-15. A review of the medical records reveals the injured worker is undergoing treatment for disc protrusion with compression of spinal cord and right C6 nerve root, stenosis centrally at C5-7, neurologic deficit corresponding with weakness attributable to the right C6-7 radiculopathy, increased deep tendon reflexes in the lower limbs suggestive of myelopathy and spondylosis, neck pain, and false negative electrodiagnostic studies considering the weakness he demonstrates. Medical records (09-28-15) reveal the injured worker complains of neck and right arm pain as well as right arm weakness and paresthesia. The physical exam (09-28-15) reveals decreased cervical range of motion in all directions especially on right lateral rotation and extension. Moderate paracervical muscle spasm noted on the right side. Weakness was noted in the right biceps, triceps, and deltoid muscles at 4/5. Somatic sensation as tested by pin roll showed right C6 dermatomal deficit. The deep tendon reflexes in the lower limbs were 3+. Prior treatment includes nonsteroidal anti-inflammatory medications, Zantac, and Norco, as well as physical therapy. The treating provider reports the MRI scan of the cervical spine showed a large disc extrusion at right C5-6, causing displacement of spinal cord and extension into the neural foramen compressing the right C6 nerve root. ■■■ reported was stenosis at C6-7 causing central stenosis at the level. The original utilization review (09-28-15) non certified the request for anterior cervical discectomy fusion at C5-7 and associated 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 at C5-C6, C6-C7 using allograft and plating:

Upheld

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

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. 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. Documentation provides evidence for a C5-6 operation but not C6-7. His MRI scan shows a cervical herniated disc at C5-6, but not at C6-7. The requested treatment: Anterior cervical discectomy and fusion at C5-C6, C6-C7 using allograft and plating is not medically necessary and appropriate.

Associated surgical services: Two day inpatient hospital stay: 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: Assisting surgeon with specialty care spinal monitoring:

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: Instrumentation with Zimmer: 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: Philadelphia 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.

Associated surgical services: Biomet 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.

Post-op times two visits with lateral 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: X-rays and flex, extension: 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.