

Case Number:	CM15-0214610		
Date Assigned:	11/04/2015	Date of Injury:	07/09/2014
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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 53 year old female, who sustained an industrial-work injury on 7-9-14. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having cervicalgia, cervical region radiculopathy, cervical disc degeneration. Treatment to date has included medication, interlaminar epidural steroid injection, surgery (shoulder), and diagnostics. MRI results were reported on 8-2014 revealing moderate disc degeneration at C4-5, and moderate to severe disc degeneration at C5-6, left paracentral disc herniation at C6-7, moderate to severe disc degeneration, and bilateral neuroforaminal stenosis. MRI (magnetic resonance imaging) on 7-23-15 showed moderate disc degeneration with loss of disc height and disc desiccation at L2-3 and L3-4. Currently, the injured worker complains of neck and back pain with right upper extremity radicular symptoms. The pain was severe with paresthesias in the right thumb and third digit, pain radiating to both shoulders and significant right hand and arm weakness. Meds include Hydrocodone and Oxycodone. Per the primary physician's progress report (PR-2) on 10-7-15, exam noted new weakness with wrist flexion and extension on the right, numbness in the 4th and 5th digits, mild tenderness to palpation in the cervical spine, non-antalgic gait, mild tenderness to the cervical spine, and normal motor strength. Current plan of care includes surgery. The Request for Authorization requested service to include anterior cervical discectomy and fusion C4-C5, C5-C6, C6-C7, Associated surgical services: Inpatient stay x2 nights, cervical collar, and Bone growth stimulator. The Utilization Review on 10-20-15 denied the request for anterior cervical discectomy and fusion C4-C5, C5-C6, C6-C7, Associated surgical services: Inpatient stay x2 nights, cervical collar, and Bone growth stimulator.

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-C5, C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back (updated 6/25/15) Discectomy-laminectomy- laminoplasty, ODG Indications for surgery.

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. Documentation does not provide this evidence. 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. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The requested treatment: Anterior cervical discectomy and fusion C4-C5, C5-C6, C6-C7 is not medically necessary and appropriate.

Associated surgical services: Inpatient stay x2 nights: 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: Cervical 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: Bone growth 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.