

Case Number:	CM15-0214859		
Date Assigned:	11/04/2015	Date of Injury:	03/31/2014
Decision Date:	12/21/2015	UR Denial Date:	10/05/2015
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 55 year old male who sustained an industrial injury on 3-31-14. The injured worker reported cervical spine pain with upper extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for cervical discopathy, cervicgia and lumbar discopathy. Medical records dated 9-2-15 indicate sharp, tingling, numbness, pain rated at 5 out of 10. Provider documentation dated 9-2-15 noted the work status as temporary totally disabled. Treatment has included radiographic studies, magnetic resonance imaging, physical therapy, injection therapy, and Motrin. Objective findings dated 9-2-15 were notable for cervical spine with tenderness and spasm to the paravertebral muscle, limited range of motion with pain, radicular pain noted to the sternoclavicular region, lumbar paravertebral muscle tenderness and spasms with restricted range of motion noted. The original utilization review (10-5-15) denied a request for C4 through C7, possible inclusion of C3-C4 anterior cervical discectomy with implantation of hardware, iliac crest aspiration and harvesting and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 through C7, possible inclusion of C3-C4 anterior cervical discectomy with implantation of hardware, iliac crest aspiration and harvesting: 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 & Upper Back - Plate fixation, cervical spine 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. The provider advocates cervical surgery from possible C3-7 despite the MRI scan findings of only mild spondylotic changes and EMG data indicating one level pathology. The guidelines note the patient would have failed a trial of conservative therapy. Documentation is not included to demonstrate such failure. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The provider misquotes the ODG guidelines in regards to recommendations for cervical disc prosthesis implantation. The requested treatment: C4 through C7, possible inclusion of C3-C4 anterior cervical discectomy with implantation of hardware, iliac crest aspiration and harvesting is not medically necessary and appropriate.

Associated Surgical Service: Co-surgeon: 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 Service: 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 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: Minerva mini 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 Service: Miami J collar with thoracic 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.

Associated Surgical Service: 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.