MAXIMUS Federal Services

Case Number:	CM15-0215249		
Date Assigned:	11/05/2015	Date of Injury:	09/15/2010
Decision Date:	12/29/2015	UR Denial Date:	10/06/2015
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: California
Certification(s)/Specialty: Orthopedic 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:

This is a 53 year old female who sustained a work-related injury on 9-15-10. An evaluation on 8-7-15 indicated the injured worker reported severe and persistent neck pain and discomfort with radiation of pain into the bilateral arms and shoulders. Previous treatment included physical therapy with minimal improvement and epidural steroid injection with no relief. Her pain was progressively worsening. She rated her cervical spine pain a 9 on a 10-point scale. Objective findings included diffuse tenderness to palpation of the cervical paraspinal muscles. She had positive Spurling's sign bilaterally and diminished sensation on the radial side of the bilateral forearm, hand and thumb. An MRI of the cervical spine was documented as revealing C5-6 degenerative disc disease with loss of disc height and endplate erosive changes and anterior and posterior osteophyte formation. There was moderate bilateral foraminal narrowing and stenosis. Medical record documentation on 9-15-15 revealed the injured worker reported cervical spine pain which she rated a 9 on a 10-point scale and noted she had frequent radiation of pain into the bilateral arms. She used Flexeril and Prilosec as needed and noted the pain was made better with rest and medications. Objective findings included tenderness to palpation over the cervical midline and paraspinals bilaterally. Compression and Spurling's tests were positive and she had decreased sensation in the C6-C7 nerve root distributions. A request for C5-6 anterior cervical discectomy and fusion with associated surgical services was received on 9-29-15. On 10-6-15, the Utilization Review physician determined C5-6 anterior cervical discectomy and fusion with associated surgical services was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 C5-6 anterior cervical discectomy and fusion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is evidence of correlating nerve root compromise from the exam of 9/15/15 with the MRI of the cervical spine demonstrating stenosis at the C5-6 level. The patient has no psychiatric illness that would preclude the requested cervical fusion. Therefore, the patient does meet accepted guidelines for the procedure and the request is medically necessary.

Associated Surgical Service preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Discectomy/laminectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 53 year old female without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore, the determination is for non-certification.

Associated Surgical Service: 2 days inpatient 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, Indications for Surgery - Discectomy/laminectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, a 1-day inpatient stay is recommended following an anterior cervical fusion. As a request is for 2 days, the determination is for non-certification as it is not medically necessary and appropriate.

Associated Surgical Service: 12 postoperative Physical Therapy visits: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: Per the CA MTUS Postsurgical Guidelines, Neck and Upper Back, postsurgical treatment fusion, page 26, 24 visits over 16 weeks are recommended. Initially of the 24 visits are authorized. In this case, the request equals the 12 visits initially recommended. Therefore, the determination is for certification.