MAXIMUS Federal Services

Case Number:	CM15-0041459		
Date Assigned:	03/11/2015	Date of Injury:	10/09/2013
Decision Date:	04/17/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/04/2015

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
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 48-year-old female, who sustained an industrial injury on 10/9/2013. The diagnoses have included cervical displacement. Treatment to date has included physical therapy, non-steroidal anti-inflammatory drugs and pain medication. According to the progress report dated 1/27/2015, the injured worker complained of pain in the upper back and neck. She described a burning and stabbing sensation in the base of her neck between her shoulder blades. She rated her pain as 3/10. She reported that her left foot and leg had been going numb for the last week. She was using Norco one-half to one tablet daily. Physical exam revealed decreased flexion and extension of the cervical spine. The treatment plan was for C5-6 and C6-7 anterior cervical decompression and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and interbody fusion at C5-C6, C6-C7 with iliac crest autograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) (Neck and Upper Back Chapter), ODG Low Back Chapter, http://www.odg-twc.com/odgtwcKnee_files/bcbs_bone_stim.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling shoulder and arm symptoms. The documentation shows this patient has been complaining of pain in the neck and upper back. Documentation does not disclose disabling shoulder and arm symptoms. The guidelines also list the criteria for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for an interbody cervical fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The Requested Treatment: Anterior cervical discectomy and interbody fusion at C5-C6, C6-C7 with iliac crest autograft is NOT Medically necessary and appropriate.

Associated surgical service: 2 day inpatient stay in the hospital: 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: hard 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 service: external 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.