

Case Number:	CM15-0044585		
Date Assigned:	03/17/2015	Date of Injury:	05/01/2014
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/11/2015

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 42 year old male, who sustained an industrial injury on 05/01/2014. On provider visit dated 02/03/2015 the injured worker has reported headaches, neck pain that radiates to left upper extremity down to the left hand with associated numbness and tingling. The injured worker also complained about low back pain that radiated to the left buttock to left lower extremity with associated with pins and needles, and burning sensation and bilateral lower extremities weakness, with tingling and numbness in bilateral heels. On examination, he was noted to have cervical spine tenderness to palpation over the trapezius muscles, audible crepitus on range of motion and decreased range of motion due to pain. Examination of the lumbar spine reveals tenderness to palpation over paraspinals musculature. The diagnoses have included cervical disc herniation with left upper extremity radiculopathy and failure of non-operative treatments and chronic headaches. Treatment to date has included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided keyhole foraminotomy C4-C7, neck fusion, instrumentation of multiple segments, spinal bone graft, and vertebral body removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 166, 179-180, 181, and 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 183 and 186.

Decision rationale: The California MTUS guidelines do not recommend cervical discectomy or fusion in the absence of specific nerve root dysfunction. The requested service asks for foraminotomy of C4, 5, 6 and 7. EMG only showed a mild chronic C6 radiculopathy. The MTUS guidelines also recommend evidence points to obvious nerve root dysfunction. Documentation is not furnished which shows this evidence. 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 headaches and pain in the neck. 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 or why a foraminotomy at C4, 5, and 7 is included. The requested treatment is for a cervical fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested Treatment: Left sided keyhole foraminotomy C4-C7, neck fusion, instrumentation of multiple segments, spinal bone graft, and vertebral body removal is not medically necessary and appropriate.

Assistant 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.

Internal medicine 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.

Inpatient hospital stay 1 night: 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.

Physical therapy post op cervical spine #24: 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.

MRI (Magnetic Resonance Imaging) of the 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.

Cervical brace (Priority care solutions): 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.