MAXIMUS Federal Services

Case Number:	CM15-0047886		
Date Assigned:	03/19/2015	Date of Injury:	01/25/2013
Decision Date:	05/11/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas
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:

The injured worker is a 79-year-old male who reported an injury on 01/25/2013. The mechanism of injury was a motor vehicle accident. His diagnoses included cervical disc displacement. Diagnostic studies included x-rays of cervical spine on 02/20/2013 that indicated degenerative joint disease. MRI of the cervical spine was performed on 04/18/2013. Another MRI of the cervical spine on 10/31/2013 that demonstrated stable degenerative changes, slight anterolisthesis at C4-5, and disc osteophyte complex bulge at C5-6. Surgical history included a double bypass surgery. The injured worker had complained of constant discomfort in the cervical spine that became worse at times, precluding activities with repetitive notion of the neck and prolonged posturing of the neck, as well as heavy lifting of the bilateral upper extremities. He had no numbness in his hands, but pain radiated into the shoulders. On physical exam, the injured worker was noted to have range of motion of the cervical spine in flexion at 40 degrees, extension at 10 degrees, rotation at 20/35 degrees, lateral bending at 20 degrees bilaterally. Physical exam findings included spinal examination that showed pain with extension and rotation, no focal deficits, 1+ pulses. 5/5 motor examination in the lower extremities. Good range of motion of the hips, knees, and ankles. Paraspinal spasm is present. His medications were not included. His treatment plan included request for anterior cervical discectomy/decompression fusion at C5-6 and C6-7. His past treatments have included physical therapy, pain medication. Request for Authorization and rationale were not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

In House Surgery of Anterior Cervical Discectomy/Decompression Fusion at C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Fusion, anterior cervical.

Decision rationale: The request for in house surgery of anterior cervical discectomy / decompression fusion at C5-C6, C6-C7 is not medically necessary. The Official Disability Guidelines state that criteria for cervical fusion include acute traumatic spinal injury, or osteomyelitis, or primary or metastatic bone tumor resulting in fracture instability or spinal cord compression. Cervical nerve root compression verified by diagnostic imaging. Spondylotic myelopathy based on clinical signs and/or symptoms. There is a lack of documentation regarding MRI corroboration of C5-6 and C6-7 neural compromise. No canal or foraminal stenosis is present. Therefore, the request for in-house surgery of anterior cervical discectomy / decompression fusion at C5-C6, C6-C7 is not medically necessary.

Associated surgical service: In-Patient Stay for 3 Days: 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: 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.

Associated surgical service: Purchase Cervical Spine Hard Collar and Soft 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.