

Case Number:	CM15-0050407		
Date Assigned:	03/23/2015	Date of Injury:	03/28/2012
Decision Date:	05/13/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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 55-year-old female who reported an injury on 03/28/2012. The mechanism of injury was reportedly when she was moving a thick walled plastic box. Her diagnoses include auto fusion C1-2, advanced facet arthrosis to the left side, severe foraminal stenosis on the left side, moderate to severe right sided foraminal stenosis, and cervical spondylosis without myelopathy. Other therapies were noted include set block, epidural steroid injection, radiofrequency ablation, and 1 documented session of physical therapy. An MRI was performed that was noted to reveal a 2 to 3 mm central disc protrusion at the C2-3 level, with mild to moderate narrowing at the central canal, and moderate to severe facet degenerative changes, as well as severe and mild to moderate foraminal narrowing, mild to moderate disc space narrowing at the C3-4 level, with moderate degenerative changes as well as an 18 mm broad based disc protrusion and mild to moderate spinal stenosis. On 02/29/2015, it was noted the patient had neck pain that radiated “into the upper shoulders and neck.” Upon physical examination, it was noted the patient had bilateral paraspinal tenderness at the C2 through C7 level. Her motor strength was intact. Medications were not included in the report. The treatment plan was noted to include an anterior cervical discectomy and fusion. A Request was received for anterior cervical discectomy and fusion at C2, C3, C4, with 1 to 2 days inpatient stay, an assistant surgeon, preoperative clearance to include a CBC, CMP, PT, PTT, UA, EKG, and chest x-ray, purchase of a cervical rigid collar, and purchase of Orthofix bone growth stimulator, without a rationale. A request for authorization was signed 02/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C2, C3, C4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: According to the CA MTUS/ACOEM Guidelines, surgical indications may be considered for those that have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than a month, clear clinical, imaging, and electrophysiologic evidence, and unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review did not indicate an adequate course of initially recommended conservative care to include physical therapy. Additionally, electrophysiologic studies were not provided, and there were no quantitative objective findings regarding functional status, or neurological deficits indicative of radiculopathy. Consequently the request is not supported. As such, the request for anterior cervical discectomy and fusion at C2, C3, C4, is not medically necessary.

Associated surgical service: Purchase of Cervical rigid collar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated surgical service: Purchase of Orthofix bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back and Low back.

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, Bone growth stimulators (BGS).

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Preoperative clearance, CBC, CMP, PT, PTT, UA, EKG, and chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408> Official Disability Guidelines (ODG), Low back.

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, general.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

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, Surgical assistant.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated surgical service: 1-2 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 (ODG), Neck and upper back, Hospital length of stay (LOS).

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.