

Case Number:	CM15-0050609		
Date Assigned:	03/24/2015	Date of Injury:	09/23/1985
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
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: 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 55 year old male, who sustained an industrial injury on September 23, 1985. The injured worker was diagnosed as having cervical and lumbar discopathy, carpal tunnel/double crush syndrome, rule out internal derangement right hip, and rule out internal derangement of bilateral knees. Treatment and diagnostic studies to date have included physical therapy, failed lumbar injections, pain management and medication. A progress note dated January 28, 2015 provides the injured worker complains of increased neck pain with burning, numbness and tingling in the arms and increased sleep difficulties. Pain on the day of examination is rated 9/10. There are associated headaches. He also has constant low back pain radiating to hips and legs rated 9/10. Physical exam notes cervical tenderness with spasm and limited range of motion (ROM). Magnetic resonance imaging (MRI) done January 27, 2015 was reviewed. The plan includes cervical surgery and related services.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 anterior cervical discectomy with implantation of hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166; 179-180 and 183. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery-Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

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 filed claims complaining of pain in the neck, back, both feet, both hands, both ears, his gastrointestinal system, heart due to stress, strain and exposure, amended to include his left elbow and a sleep disorder. 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 anterior cervical discectomy with implantation of hardware. However, the provider indicated (page 8 from the 01/27/2w015 report) his intention to place at the uppermost operated disc a disc prosthesis and then to fuse the lower diseased discs. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The PR2 of 12/17/14 noted that flexion and extension views of the cervical spine were obtained but did not mention any movement at the C4-5 anterolisthesis point. Of perhaps greater worry was the mention on the MRI report of 01/27/15 the lesion inside the spinal cord at C6-7. The requested treatment: C4-C7 anterior cervical discectomy with implantation of hardware is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services, Physician Fee Schedule Search, CPT code 22554.

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 for two to three days: Upheld

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

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.

Medical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92 and 93.

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.

Minivera mini collar #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

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.

Miami J collar with thoracic extension #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

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.

Bone 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, Low Back (Acute and Chronic), Bone Growth Stimulators (BGS), Criteria for use of invasive or non-invasive electrical bone growth stimulators.

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.