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| Case Number: | CM15-0052781 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 10/25/2006 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 02/23/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

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 (IW) is a 62-year-old female who sustained an industrial injury on 10/25/2006. Diagnoses include cervical stenosis, cervical kyphosis and cervical degenerative spondylolisthesis. Treatment to date has included medications, cervical epidural injections, facet nerve ablations and physical therapy. Diagnostics performed to date included x-rays and MRIs. According to the progress notes dated 1/12/15, the IW reported severe neck pain radiating across her neck and shoulders. A request was made for spinal ACDF at C4-C7 with allograft, fluoroscopy, microscope, neuromonitoring SSEP with two-day inpatient stay; associated surgical services: Nuvasive neuromonitoring, cervical spine; pre-operative office visit clearance with lab work: CBC, UA/C & S, PT/PTT/bleeding time, MRSA screen, chest x-ray, EKG, type and screen, cervical spine; cervical spine collar, post-operative home health care, cervical spine and the following medications: Celebrex 200mg, Citalopram hydrobromide 20mg, Estradiol 1mg, Losartan potassium-HCTZ 12.5/50mg, Norco 10/325mg, Savella 50mg, Synthroid 88mcg, Toprol XL 100mg, Voltaren 1% and Zolpidem tartrate 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal ACDF at C4-7 with allograft, fluoroscopy, microscope, neuromonitoring SSEP:
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).

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 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 C4-7. The radiologist did not comment on major pathology at C4-5. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. Therefore, the request is not medically necessary and appropriate.

Associated surgical service: Nuvasive Elite Neuromonitoring, 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.

Pre-op office visit clearance with lab work; CBC, UA/C&S, PT/PTT/Bleeding time/MRSA/Chest x-ray/EKG/Type and screen, 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.

Associated surgical service: Collar, 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.

Post-op home health care, 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.

Associated surgical service: 2 day inpatient stay: 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.