MAXIMUS Federal Services

Case Number:	CM15-0054336		
Date Assigned:	04/30/2015	Date of Injury:	12/18/2008
Decision Date:	06/01/2015	UR Denial Date:	02/06/2015
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: 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 54 year old male who sustained an industrial injury on 12/18/2008. Diagnoses include depression, history of myocardial infarction in 2010, hypertension, left cervical radiculopathy, C4-5 and C5-6 stenosis, left shoulder impingement, status post arthroscopic decompression and left cubital tunnel syndrome. Treatment to date has included diagnostic studies, medication, epidural steroid injection, and physical therapy. A physician progress note dated 01/26/2015 documents the injured worker complains of left sided neck with pain radiating into the left trapezius and mid scapular region. He has pain radiating down the left upper arm, with numbness from the elbow through the forearm into the left hand. He rates his pain as 8-9 out of 10 on the Visual Analog Scale. He complains of low back pain, rated a 5 out of 10 on the Visual Analog Scale, with radiation into the left hip, rated a 3 out of 10 on Visual Analog Scale. There is tenderness over the base of the neck on the left, and tenderness over the left trapezius musculature. Cervical range of motion is restricted. Tinel's sign for tapping over the left cubital tunnel is positive. Treatment requested is for anterior cervical discectomy fusion with cage and instrumentation, associated surgical service: 1 day inpatient stay associated surgical service: assistant surgeon, preoperative medical clearance, preoperative chest X ray, and spinal cord monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy fusion with cage and instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Plate fixation, cervical spine surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-80.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating. upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not show this evidence. The patient had had prior shoulder surgery. Its contribution to the patient's complaints is not mentioned in the documentation. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not discuss details of an exercise program. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Anterior cervical discectomy fusion with cage and instrumentation is NOT Medically necessary and appropriate.

Spinal cord monitoring: 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.

Preoperative medical 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.

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.

Preoperative chest x-ray: 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: 1 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.