

Case Number:	CM15-0055048		
Date Assigned:	03/30/2015	Date of Injury:	07/30/2013
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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 61 year old male, who sustained an industrial injury on July 30, 2013. He reported neck and low back injury. The injured worker was diagnosed as having cervical spine and lumbar spine degenerative disc disease, status post cervical fusion. Treatment to date has included acupuncture, physical therapy, magnetic resonance imaging, computed tomography scan, and neck surgery. On February 17, 2015, he complained of continued neck pain, with weakness and tremoring in the upper extremities. He continues to report neck pain after surgery. The treatment plan is included: anterior cervical decompression and fusion at C4-5, and artificial disc replacement at C3-4. The request is for anterior cervical decompression and fusion at C4-5, artificial disc replacement at C3-4, inpatient hospital stay for 2 days, transcutaneous electrical nerve stimulation unit and cyrotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical decompression and fusion at C4-C5 and artificial disc replacement at C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): S 179 AND 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Disc Prosthesis.

Decision rationale: The California MTUS guidelines note the criteria for surgery include 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 PR2 of 03/10/14 shows no upper extremity weakness, intact reflexes and negative orthopedic tests. The requested treatment is for an anterior cervical decompression and cervical fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The ODG guidelines note that the disc prosthesis is under study and under the FDA guidelines was only approved for single level disease. This patient has already had prior cervical fusions at two levels and this request is for an additional fusion at the C4-5 level thus not complying with FDA indications. The requested treatment: Anterior cervical decompression and fusion at C4-C5 and artificial disc replacement at C3-4 is NOT Medically necessary and appropriate.

Inpatient hospital stay for two 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.

TENS unit: 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.

Cryotherapy: 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.