

Case Number:	CM15-0058119		
Date Assigned:	04/17/2015	Date of Injury:	04/03/2003
Decision Date:	05/15/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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 female, with a reported date of injury of 04/03/2003. The diagnoses include status post right wrist excision of dorsal ganglion cyst, cervical stenosis with bilateral radiculopathy, right wrist flexor carpi radialis tendinitis and right wrist dorsal ganglion cyst, status post right elbow lateral epicondylar release, flare-up of cervical condition, status post cervical decompression and fusion, history of bilateral hand tendonitis with carpal tunnel symptoms, and left wrist flexor carpi ulnaris tendinitis. Treatments to date have included oral medications, x-rays of the cervical spine, an MRI of the cervical spine, and electrodiagnostic studies of the bilateral upper extremities. The follow-up report dated 02/10/2015 indicates that the injured worker reported that her condition remained the same. The injured worker complained of neck pain with radiation to the upper back and the bilateral arms and shoulders. The pain was rated 8 out of 10. She also complained of bilateral hand/wrist pain with numbness and tingling to the bilateral hands and middle, ring, and small fingers. The pain was rated 8 out of 10. The objective findings include cervical flexion at 40 degrees; cervical extension at 30 degrees; and shoulder abduction to 145 degrees with neck pain and to 160 degrees with complaint of tingling to all fingers. The treating physician requested C6-7 anterior cervical discectomy fusion with instrumentation; a one day inpatient stay; spinal cord monitoring; history and physical for surgery clearance; an assistant surgeon; pre-operative lab work, chest x-ray, EKG, urinalysis, and MRSA screen; and an Aspen cervical brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 anterior cervical discectomy fusion with instrumentation, ICBG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 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. 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. The requested treatment: C6-7 anterior cervical discectomy fusion with instrumentation, ICBG is not medically necessary and appropriate.

Associated surgical service: Inpatient stay: one (1) day: 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: 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.

Associated surgical service: History and physical for surgery 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.

Pre-op Labs Work, Chest X-ray, EKG, UA, MRSA screen: 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: Aspen cervical brace: 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.