

Case Number:	CM15-0084129		
Date Assigned:	05/08/2015	Date of Injury:	10/08/2014
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/01/2015

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 46-year-old male, who sustained an industrial injury on 10/08/2014. He reported neck pain. The injured worker was diagnosed as having cervical sprain/strain. He had a previous history of cervical spine surgery. Treatment to date has included medications, acupuncture, physical therapy, electrodiagnostic testing and a cervical epidural steroid injection. As of a progress report dated 03/26/2015, the injured worker continued to have severe neck and bilateral arm pain. Pain level was rated 7 on a scale of 1-10. Medication regimen included Tylenol, Nabumetone, Cyclobenzaprine and Percocet. Physical examination revealed a previous 1½-inch incisional scar in the posterior cervical region in the lower cervical spine. He had tenderness to palpation in the mid to low cervical region. Range of motion was decreased. There was severe Spurling's sign on the left side and right side. There were paresthesias and dysesthesias in the C5, C6 and C7 nerve root distributions. Motor examination demonstrated 4 to 4+/5 in the left triceps and 4+/5 in the right biceps. The injured worker requested surgical intervention. According to a supplemental report dated 03/27/2014, the provider noted that the MRI scan from 11/04/2014 was review and that the injured worker clearly had severe stenosis foraminally at C6-7 and mild to moderate bilaterally at C5-6 as well as moderate to severe bilaterally at C4-5. He wished to proceed with surgery. He complained of neck and bilateral arm pain. The provider recommended an anterior cervical discectomy and fusion at C4-5, C5-6 and C6-7. Currently under review is the request for anterior cervical discectomy and fusion at C4-C7 and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion at C4-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

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

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 provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. 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 guidelines note that the efficacy of fusion in the absence of instability has not been proven. Therefore, the request is not medically necessary and appropriate.

Associated Surgical Service: Co-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. .

Associated Surgical Service: Consult with Co-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.

Associated Surgical Service: Aspen Cervical Collar: 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: Bone Growth Stimulator: 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: Bone Growth Stimulator Fitting: 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-Operative: CBC, CMP, PT, PTT, INR, Urinalysis, EKG, 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: Hospital Stay (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. .