

Case Number:	CM14-0125477		
Date Assigned:	08/11/2014	Date of Injury:	04/24/2012
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 51-year-old individual was reportedly injured on 4/24/2012. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 7/14/2014, indicated that there were ongoing complaints of neck pain and bilateral upper extremities numbness and tingling. The physical examination demonstrated cervical spine with well healed surgical incision and no significant tenderness to palpation. Range of motion with flexion was at 40, extension 30, and rotation 60. Positive foraminal compression test noted on the right. Thoracolumbar spine range of motion was with flexion 60 and extension 30. No recent diagnostic studies are available for review. Previous treatment included right shoulder and neck surgery, medications, physical therapy, and conservative treatment. A request had been made for anterior cervical discectomy and fusion at C4-C5, with a 2 day hospital stay, and x-rays of the cervical spine, preoperative clearance, hard and soft cervical collar, bone growth stimulator, and postoperative physical therapy 2 times a week for 4 weeks #8 and was denied in the pre-authorization process on 7/29/2014.

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 C4-5 with a 2 day hospital stay X-ray cervical spine , AP & LAT views: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Cervical and Thoracic Spine Disorders. Clinical Measures: Surgical Considerations-Spinal Fusion.

Decision rationale: California/ACOEM recommendations support discectomy and fusion for patients with subacute or chronic radiculopathy due to ongoing nerve root compression and for the patients who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate nonoperative treatment. After review of the medical records provided, it was noted the injured worker did have chronic neck pain that radiated in the bilateral upper extremities, and it indicates that the claimant has had previous cervical surgery and has been provided conservative care including pharmacotherapy, physical therapy, and activity modifications. There were limited physical exam findings of the cervical spine justifying the request for this surgical procedure. Therefore, this request is deemed not medically necessary.

Pre- Operative Clearance with CBC,CMP,PT,PTT,UA,EKG and 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 base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual. Preoperative Evaluation: Care of the Surgical Patient

Decision rationale: CA MTUS and ODG guidelines do not specifically address preoperative clearance. Therefore, alternative medical references were used for citation. After review of the medical records provided, the requested surgical procedure has not been authorized at this time. Therefore, the request for presurgical clearance to include labs and radiographs are deemed not medically necessary.

Hand and Soft cervical Collar L0172 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; www.odg-twc.com; Section: Neck & Upper Back (Acute & Chronic) (updated 3/31/2014)

Decision rationale: California Treatment Guidelines support for the use of electrical bone growth stimulators in select clinical settings where evidence of prior non-union is noted, a Grade III spondylolisthesis is present, or fusion is needed at more than one level. After review of the medical documentation provided, the requested surgical procedure has not been authorized at this time. Therefore, the requested durable medical equipment is deemed not medically necessary.

Post operative Physical Therapy 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical treatment guidelines do recommend 24 visits over 16 weeks for postsurgical patients who have had a cervical fusion. After review of the medical documentation provided, the requested procedure (cervical fusion) has not been authorized at this time. Therefore, the request for physical therapy is deemed not medically necessary.