

Case Number:	CM14-0126923		
Date Assigned:	08/13/2014	Date of Injury:	02/10/2013
Decision Date:	10/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 43-year-old female who reported an injury on February 10, 2013. The mechanism of injury was not specifically stated. The current diagnoses include C4-5 and C5-6 herniated nucleus pulposus with cervical stenosis and L3-4 intraforaminal left disc herniation. The injured worker was evaluated on June 23, 2014 with complaints of persistent cervical spine pain with radiation into the right upper extremity. Physical examination on that date revealed positive Spurling's maneuver on the right, painful range of motion, tenderness to palpation, restricted range of motion, mild numbness in the right shoulder deltoid region, and negative motor deficits in the upper extremities. It is noted that the injured worker underwent a cervical spine MRI that indicated a cervical disc protrusion at C4-5 and C5-6 with foraminal stenosis. The official imaging study was not provided for review. Previous conservative treatment was not mentioned on that date. Treatment recommendations at that time included a cervical fusion at C4-6. A Request for Authorization form was previously submitted on March 14, 2014 for a C4-5 and C5-6 anterior cervical discectomy and fusion with instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 and C5-6 Anterior Cervical Discectomy Fusion with Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Disability (ODG) TWC Neck & Upper Back Procedure Summary last updated 4/14/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe and disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state a cervical fusion is recommended for spondylotic radiculopathy. There should be evidence of significant symptoms that correlate with physical examination findings and radiologist interpreted imaging reports. Previous conservative treatment should include active pain management with pharmacotherapy, medical management with oral steroids, facet or epidural injections, and physical therapy. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. There were no flexion/extension view radiographs submitted for review documenting spinal instability. There were no imaging studies provided for review. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

1 day Inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Upper Back & Neck Procedure Summary last updated 4/14/14, hospital length of stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary last updated 7/3/14

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

Aspen Cervical Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Neck & Upper Back Procedure Summary last updated 4/14/14

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

Pre operative lab work (H & P): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary last updated 7/3/14

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

Pre operative lab work (chest x-ray): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary last updated 7/3/14

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

Pre operative lab work (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary last updated 7/3/14

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

Pre operative lab work (UA (urinalysis)): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary last updated 7/3/14

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

Spinal cord monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Procedure Summary last updated 4/14/14

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.