

Case Number:	CM14-0128683		
Date Assigned:	08/18/2014	Date of Injury:	02/01/2012
Decision Date:	09/19/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 Surgery and is licensed to practice in California. 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:

Patient is a 54-year-old female with a date of injury to her neck and back of February 1, 2012. The patient has been treated conservatively. She also underwent L4-5 decompression and fusion. The patient continues to have neck pain with hand weakness and arm pain and numbness. She also has headaches. Physical examination reports decreased range of motion cervical motion. There is tenderness and spasm present in the cervical spine. Reflexes are hyperreflexic and 2+ in the arms. Motor exam shows weakness of the left deltoid biceps and triceps. Sensation is reduced at C4-C5 and C6 dermatomes. X-ray show C4-5-2 C6-7 spondylosis. MRI shows some spinal stenosis at C6-7 C4-5 and C5-C6 and Flexion-extension x-rays show 2 mm retrolisthesis at multiple levels. Cervical MRI from April 2014 shows minimal disc bulge at C3-4. There is no significant compression of the spinal cord. There foraminal narrowing at multiple levels. Neurophysiologic testing from July 2014 shows mild chronic changes in the paraspinal muscles. At issue is whether multilevel cervical fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient length of stay (LOS) times two days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck pain chapter.

Decision rationale: This patient does not meet establish criteria for multilevel cervical decompression and fusion surgery. Specifically there is no clear correlation between MRI imaging studies and physical examination. There is no clear correlation between neurophysiologic testing in physical examination. The patient also does not have any evidence of significant instability the cervical spine. There is no evidence of fracture tumor or progressive neurologic deficit. Multilevel cervical decompression and fusion surgery is not medically necessary.

C4-7 anterior cervical fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG neck pain chapter.

Decision rationale: This patient does not meet establish criteria for multilevel cervical decompression and fusion surgery. Specifically there is no clear correlation between MRI imaging studies and physical examination. There is no clear correlation between neurophysiologic testing in physical examination. The patient also does not have any evidence of significant instability the cervical spine. There is no evidence of fracture tumor or progressive neurologic deficit. Multilevel cervical decompression and fusion surgery is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.

Intraoperative neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.

Hard cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.

Vascutherm deep vein thrombosis (DVT) unit rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.

External bone growth stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.