

Case Number:	CM14-0129562		
Date Assigned:	08/20/2014	Date of Injury:	12/18/2008
Decision Date:	10/08/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/14/2014

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 Neurological 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:

The injured worker is a 48-year-old female who was reportedly injured on December 18, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 9, 2014, indicated that there were ongoing complaints of neck pain and low back pain (surgical intervention for the lumbar spine is pending). The physical examination demonstrated an alert, oriented individual who presented with an antalgic gait pattern and a marked decrease in cervical spine range of motion. Sensation was diminished in the C5 dermatome on the left and the multiple lumbar dermatomes. Motor function was reported 5-/5 and deep tendon reflexes were hyperreflective in all 4 extremities. Diagnostic imaging studies objectified multiple level degenerative changes in the facet joints, a stenosis at C5-C6 and C6-C7 with neural foraminal narrowing. Previous treatment included multiple medications, physical therapy, chiropractic care, epidural steroid injections and other pain management interventions. A spinal cord stimulator has been implanted and then removed in 2012. A request was made for anterior cervical fusion and was not certified in the pre-authorization process on August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 Anterior Cervical Discectomy and Fusion (ACDF): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Indications for Surgery--Discectomy/laminectomy (excluding fractures):

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders, Clinical Measures: Surgical Considerations-Spinal Fusion (electronically cited)

Decision rationale: When noting the findings identified on magnetic resonance image, the long-term chronic, ordinary disease of life degenerative changes causing a neural foraminal narrowing, there is a clinical indication to pursue cervical fusion. While noting the diagnostic study identified demyelinating pathology alone, and that there was no radiculopathy or compressive neuropathy, there are chronic nerve root compression changes and limitation associate. Therefore, based on this data, there is a clinical indication for surgical intervention. This is medically necessary.

Medicine Consult: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Consultations are indicated when the diagnosis is uncertain or extremely complex. There is no data to suggest that either entity exists. Therefore, when noting the parameters listed in the progress note, the requested consultation is not medically necessary.

Pre-Op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine, Washington Manual of Medical Therapeutics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Consultations are indicated when the diagnosis is uncertain or extremely complex. There is no data to suggest that either entity exists. Therefore, when noting the parameters listed in the progress note, such a consultation is not medically necessary.

EKG:

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 Other Medical Treatment Guideline or Medical Evidence: Leshin B, McCalmont TH. Preoperative evaluation of the surgical patient. Dermatol Clin. Oct 1990; 8(4):787-94.

Decision rationale: When noting the age of the injured employee, and the lack of any significant comorbidities noted on the history, there are no clear clinical indicators of the need for a cardiology assessment prior to surgical intervention. Therefore, based on lack of clinical information, this is not medically necessary.

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 Other Medical Treatment Guideline or Medical Evidence: Leshin B, McCalmont TH. Preoperative evaluation of the surgical patient. Dermatol Clin. Oct 1990; 8(4):787-94.

Decision rationale: There is nothing reported in the physical examination to suggest the need of a pulmonary evaluation prior to surgical intervention. Therefore, based on the clinical information presented for review, this is not medically necessary.

Pre-op Labs (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing - Author: Gyanendra K Sharma, MD, FACP, FACC, FASE; Chief Edition: William A. Schwer, MD. Routine preoperative testing (preoperative screening):

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Leshin B, McCalmont TH. Preoperative evaluation of the surgical patient. Dermatol Clin. Oct 1990; 8(4):787-94.

Decision rationale: Given the lack of specific testing parameters, it is difficult to establish the medical necessity for such an overly broad and vague request. Therefore, this is not medically necessary.

Chiropractic x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: This is an individual who has been approved for cervical fusion surgery. Manipulation and manual therapy is not warranted as postoperative care. Therefore, based on the clinical information presented for review and by the parameters noted in the California Medical Treatment Utilization Schedule, this is not medically necessary.