

Case Number:	CM14-0133384		
Date Assigned:	08/22/2014	Date of Injury:	07/18/2011
Decision Date:	10/08/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 57-year-old female who reported an injury on 07/15/2011, after being assaulted by a male patient. The injured worker reportedly sustained an injury to the right elbow, bilateral knees, neck, and suffered emotional distress. The injured worker's treatment history included physical therapy, medications, cognitive behavioral therapy, and surgical intervention to the knee, multiple medications, and acupuncture. The injured worker underwent an MRI on 04/16/2014 that documented there was a disc bulge at the C5-6, causing moderate central canal narrowing, moderate right and mild left neural foraminal narrowing; a disc bulge at the C3-4 and C4-5, causing mild central canal narrowing; and superimposed congenital narrowing of the spinal canal on a developmental basis. The patient was evaluated on 07/14/2014. Physical findings included mild restriction of the cervical spine with no evidence of segmental weakness or sensation or reflex deficits. A request was made for a C5-6 anterior cervical discectomy, fusion, and instrumentation. A Request for Authorization form was submitted on 08/06/2014 to support the request.

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 C5-6 with interbody fusion cages and instrumentation, Microsurgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Pages 180-181.

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

Decision rationale: The American College of Occupational and Environmental Medicine does not recommend fusion surgery for the cervical spine in the absence of instability. The clinical documentation submitted for review does not indicate that the patient has significant instability of the cervical spine. Furthermore, the clinical documentation submitted for review does not provide significant radicular symptoms that would benefit from surgical intervention. The American College of Occupational and Environmental Medicine also recommend a psychological evaluation prior to spinal surgery. The clinical documentation does not provide any evidence of a psychological evaluation determining the appropriateness of the patient for spinal surgery. As such, the requested anterior cervical discectomy and fusion at the C5-6 with interbody fusion cages and instrumentation microsurgery is not medically necessary.

Intraoperative spinal cord monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Low Back.

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

Decision rationale: Since the primary procedure is not medical necessary, none of the associated services are medically necessary..

Assistant 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 medical necessary, none of the associated services are medically necessary.

Aspen Cervical Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Cervical collar, post operative (fusion)

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

Decision rationale: Since the primary procedure is not medical necessary, none of the associated services are medically necessary.

Universal Cervical Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Cervical collar, post operative (fusion)

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

Decision rationale: Since the primary procedure is not medical necessary, none of the associated services are medically necessary.