

Case Number:	CM14-0138012		
Date Assigned:	09/05/2014	Date of Injury:	07/01/2010
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/26/2014

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 31 year-old male was reportedly injured on July 1, 2010. The mechanism of injury is noted as "cumulative trauma". The most recent progress note, dated July 15, 2014, indicates that there were ongoing complaints of neck pain, upper extremity pain, low back pain, and bilateral lower extremity pain. The physical examination demonstrated a positive Spurling's test, motor weakness to wrist extensors, decreased sensation, and a loss of deep tendon reflexes. A slight reduction in cervical spine range of motion is noted. Diagnostic imaging studies objectified degenerative disc disease (desiccation) with a 2 mm bulge and no evidence of nerve root encroachment. Previous treatment includes medications, injections, and therapy. A request had been made for cervical fusion surgery and was not certified in the pre-authorization process on August 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Disectomy and Fusion at C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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: As outlined in the ACOEM guidelines, cervical fusion is indicated if there is a decompressive laminotomy or laminectomy. However, while noting the changes identified on the MRI, there is no clear clinical indication presented to suggest a radiculopathy necessitating such an intervention. Therefore, there is incomplete clinical information to support this request. The medical necessity has not been established from the progress of presented.

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

Internal Medicine Clearance: 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) Cervical and Thoracic Spine Disorders, Clinical Measures, Surgical Considerations-Spinal Fusion (Electronically Cited)

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

Inpatient 1 night stay: 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) Cervical and Thoracic Spine Disorders, Clinical Measures, Surgical Considerations-Spinal Fusion (Electronically Cited)

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

Cervical Brace: 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) Cervical and Thoracic Spine Disorders, Clinical Measures, Surgical Considerations-Spinal Fusion (Electronically Cited)

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

Transportation to and from facility: 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) Cervical and Thoracic Spine Disorders, Clinical Measures, Surgical Considerations-Spinal Fusion (Electronically Cited)

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

Follow-up visit for removal of sutures, inspection of wounds and initiation of a rehabilitation program: 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) Cervical and Thoracic Spine Disorders, Clinical Measures, Surgical Considerations-Spinal Fusion (Electronically Cited)

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