

Case Number:	CM14-0146860		
Date Assigned:	09/15/2014	Date of Injury:	08/15/2011
Decision Date:	10/15/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/10/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 61-year-old female with an 8/15/11 date of injury. At the time (7/18/14) of request for authorization for cervical spine surgery; C4-7 anterior discectomy and instrumented fusion to be performed at [REDACTED], 1 day stay, assistant surgeon, DME: vista collar, bone growth stimulator, and post operative outpatient physical therapy two times a week for six weeks, there is documentation of subjective (neck pain radiating to the shoulders bilaterally and extending into the triceps, biceps and hands, associated with headaches, decreased grip strength, and unstable gait) and objective (decreased cervical range of motion, decreased strength of the bilateral deltoid, biceps, wrist extensors and triceps, and decreased sensation of the first dorsal web space of the hands and left long finger) findings, imaging findings (MRI of the cervical spine (7/14/14) report revealed patent central canal and slight narrowing of the neural foramina at C4-5; patent central canal and moderate narrowing of the neural foramina at C5-6; and patent central canal and moderate narrowing of the left neural foramen at C6-7), current diagnoses (cervical spondylosis and radiculitis), and treatment to date (medications, physical therapy, and activity modification). There is no documentation of imaging findings (moderate or greater neural foraminal stenosis) at C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE SURGERY; C4-7 ANTERIOR DISCECTOMY AND INSTRUMENTED FUSION TO BE PERFORMED AT [REDACTED]

[REDACTED]: 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 Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities); as criteria necessary to support the medical necessity of anterior cervical decompression. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis and radiculitis. In addition, there is documentation of subjective (pain) and objective (sensory and motor changes) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (neural foraminal stenosis) at C5-6 and C6-7, and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of imaging findings (MRI of the cervical spine identifying slight narrowing of the neural foramina at C4-5), there is no documentation of imaging findings (moderate or greater neural foraminal stenosis) at C4-5. Therefore, based on guidelines and a review of the evidence, the request for cervical spine surgery; C4-7 anterior discectomy and instrumented fusion to be performed at [REDACTED] is not medically necessary.

1 DAY STAY: 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 medically 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 medically necessary, none of the associated services are medically necessary.

DME: VISTA COLLAR, BONE GROWTH STIMULATOR: 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 medically necessary, none of the associated services are medically necessary.

POST OPERATIVE OUTPATIENT PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS: 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 medically necessary, none of the associated services are medically necessary.