MAXIMUS Federal Services

Case Number:	CM14-0149249		
Date Assigned:	09/18/2014	Date of Injury:	03/09/2010
Decision Date:	11/13/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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:

The claimant is a 46-year-old female who injured her cervical spine on March 9, 2010. The medical records provided for review included the report of a follow-up visit on July 30, 2014, noting complaints of neck pain with radicular arm pain bilaterally. Physical examination showed an antalgic gait pattern, full motor strength, a normal sensory examination, and equal and symmetrical reflexes. The report of a February 24, 2014, MRI scan identified disc protrusions at C4-C5 and C5-C6. The report documented that the clamant had failed conservative care consisting of physical therapy, medication use, rest, work restrictions and activity modifications. Based on failed conservative care and the recent MRI findings, the recommendation was made for an anterior cervical discectomy and fusion of the C4-C6 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Day Inpatient Stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: neck procedure - Hospital length of stay (LOS)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a 3 day inpatient hospital stay would not be supported. The Official Disability Guidelines recommend a one day inpatient length of stay. In addition, the proposed surgery cannot be recommended as medically necessary. Therefore, the request for a three day inpatient length of stay cannot be supported as medically necessary.

C4-C6 Anterior Cervical Disectomy and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines for Surgery- Discectomy/Laminectomy/

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) Treatment in Workers Comp, 18th Edition, 2013 Updates: neck procedure - Fusion, anterior cervical.

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for an anterior cervical discectomy and fusion C4-C6 is not recommended as medically necessary. ACOEM Guidelines do not recommend cervical fusion as treatment for chronic cervical pain without evidence of instability. While the claimant's recent MRI shows evidence of disc protrusions at the requested surgical levels, there is no documentation of formal objective findings on examination to clinically correlate with the surgical request. There are presently no motor, sensory or reflexive changes on examination. In the absence of cervical radiculopathy on examination, the acute need of a two-level fusion surgery cannot be supported.

Medical Clearance with Internal Medicine Specialists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Treatment Utilization Schedule

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 Independent Medical Examinations and Consultations, page 127

Decision rationale: The request for an anterior cervical discectomy and fusion C4-C6 is not recommended as medically necessary. Therefore, the request for medical clearance by an internal medicine specialist is also not recommended as medically necessary.