

Case Number:	CM14-0177098		
Date Assigned:	10/30/2014	Date of Injury:	04/01/2005
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/24/2014

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 Spine 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 52-year-old male who reported an injury on 04/01/2005. The mechanism of injury was not stated. The current diagnoses include degeneration of cervical intervertebral disc, neck sprain, cervical spondyloarthritis, and displacement of cervical intervertebral disc without myelopathy, cervical spinal stenosis, radiculopathy, lumbar degenerative intervertebral disc, and lumbar stenosis. The injured worker was evaluated on 09/12/2014, with complaints of ongoing neck pain and stiffness. Previous conservative treatment is noted to include physical therapy, medication management and an epidural steroid injection. Physical examination revealed tenderness to palpation in the area of the left trapezial muscle, muscle spasm, 20 degrees forward flexion, 20 degrees backward extension, 20 degrees right and left lateral tilt, 45 degrees right rotation, 40 degree left rotation, 1+ upper extremity reflexes, diminished sensation over the C6 and C7 dermatome, and diminished motor strength in the left upper extremity. Treatment recommendations at that time included an anterior cervical fusion at C5-7. A Request for Authorization form was then submitted on 09/25/2014. It is noted that the injured worker underwent an MRI of the cervical spine on 08/13/2014, which revealed 8 mm left paracentral extrusion at C6-7, causing severe left foraminal narrowing, moderately advanced discogenic disease at C3-4 to C6-7 including moderate central stenosis at C3-6, and moderate to severe foraminal narrowing from C3-4 to C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

One anterior cervical disc fusion of C5-7 at [REDACTED]: Upheld

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

MAXIMUS 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 (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent and severe shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state an anterior cervical fusion is recommended for spondylosis radiculopathy or non-traumatic instability where there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. As per the documentation submitted, the injured worker has been previously treated with physical therapy, medication management, and cervical epidural steroid injection. However, there is no documentation of spinal instability upon flexion and extension view radiographs. It is also noted that the injured worker is status post right hand carpal tunnel decompression. The injured worker is still within the postoperative period following the carpal tunnel release. The current request for a 2 level fusion cannot be determined as medically appropriate at this time.

Associated surgical service: inpatient hospital stay for 2-3 days: 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.

Associated surgical service: one 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.

Associated surgical service: one pre-op medical clearance: 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.

Associated surgical service: one Miami collar: 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.

Associated surgical service: one motorized cold therapy unit: 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.

Associated surgical service: one 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.

Associated surgical service: 2 weeks daily home nursing: 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.

Associated surgical service: 6 in home physical therapy visits: 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.

Associated surgical service: 4 post operative physical therapy visits: 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.