

Case Number:	CM14-0080742		
Date Assigned:	07/18/2014	Date of Injury:	02/20/2013
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 & 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 58 year-old individual was reportedly injured on February 20, 2013. The mechanism of injury is noted as a slip and fall event. The most recent progress note, dated April 22, 2014, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated 5'2", 158 pound individual who has comorbidities of diabetes and asthma. Diagnostic imaging studies objectified multiple level ordinary disease of life degenerative changes throughout the cervical spine. Previous treatment includes medications, conservative care and pain management interventions. A request had been made for anterior cervical fusion and was not medically necessary on May 8, 2014. It was noted that the upper extremity had nonspecific sensory changes and a motor function was normal. Furthermore, it is noted that the C4 pathology has not been unequivocally established as the pain generator. As such, the surgical intervention was determined to be not medically necessary.

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 with Graft Plate Placement at C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically cited).

Decision rationale: There are very limited medical records presented for outlining the current clinical situation for this injured employee. MRI studies documented multiple level degenerative changes with no specific nerve encroachment. Furthermore, there are no electro diagnostic evidence establishing a verifiable radiculopathy or a specific nerve root lesion. Therefore, when considering the parameters outlined in the ACOEM guidelines, tempered by the physical examination data reported there is insufficient clinical information presented to suggest the need for lumbar fusion surgery at this time. As such, this request is not medically necessary.

Surgical Assistant: 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.

Preoperative Labs & Tests to Include CMP, CBC, PT, PTT, UA, EKG & Chest X-ray:
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.

One Day Hospital 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.