

Case Number:	CM14-0090075		
Date Assigned:	08/08/2014	Date of Injury:	06/28/2013
Decision Date:	09/18/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 44-year-old male who reported injury on 06/28/2013. The mechanism of injury was not provided. The injured worker underwent a 2 view of the cervical spine on 04/21/2014, which revealed mild central disc bulging at C4-5 and a small right paracentral herniation at C5-6. The injured worker underwent an MRI of the cervical spine on 05/12/2014, which revealed at the level of C5-6 there was a 2 mm to 3 mm right paracentral, lateral recess, broad based protrusion with a partial annular tear, which mildly flatten the anterior thecal sac without indenting the cord and mildly narrowed the right lateral recess and entrance to the right C6 nerve root canal. The findings were noted to be unchanged. The other therapies and medications were not provided. The documentation of 05/21/2014 revealed the injured worker had complaints of pain in the neck that radiated into the right trapezial muscles in the right arm. The physical examination revealed the injured worker had diminished sensation throughout the right upper extremity. The Jamar grip strength determinations were equal. The physician documented that he opined the injured worker was not providing full effort during the physical examination. The diagnoses included chronic cervical and small right paracentral bulge at C5-6, unchanged from a previous MRI scan. The treatment plan included an anterior cervical discectomy and fusion at C5-6. There was a detailed Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy with interbody fusion at C5-C6: Upheld

Claims Administrator 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 (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate a surgical consultation may be appropriate for injured workers who have severe and disabling shoulder and arm symptoms, activity limitations for more than 1 month or the extreme progression of symptoms, and clear clinical, imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and per the MRI. However, there were no electrodiagnostic studies submitted for review to support there were electrodiagnostic findings to support the necessity for the procedure. Given the above, the request for anterior cervical discectomy with interbody fusion at C5-C6 at Presbyterian Hospital is not medically necessary.

Preoperative medical clearance including history and physical: 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 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.

Preoperative EKG (Electrocardiogram): 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 Laboratory testing; CBC (Complete Blood Count), SMA-18 (Simultaneous Multichannel Autoanalyzer; or comprehensive metabolic panel), Westergan sedimentation rate, PT (Prothrombin Time), PTT (Partial Thromboplastin Time) and Urinalysis: 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.

In-patient hospital admission for 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.

Assistant surgeon, QTY: 1: 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.

Cervical collar, QTY: 1: 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.

