MAXIMUS Federal Services

Case Number:	CM14-0093404		
Date Assigned:	08/08/2014	Date of Injury:	03/22/2013
Decision Date:	09/17/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/19/2014

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 56-year-old male who reported an injury on 03/22/2013 due to a trip and fall. The injured worker reportedly sustained an injury to his cervical spine. The injured worker's treatment history included physical therapy, chiropractic care, acupuncture, a cervical brace, medications, and epidural steroid injections. The injured worker was evaluated on 04/18/2014. It was noted that the injured worker had persistent cervical spine pain that radiated into the bilateral upper extremities. It was noted that the injured worker had previously undergone a magnetic resonance imaging (MRI) on 05/22/2013 that demonstrated moderate central canal stenosis at the C4-5 and C5-6. However, an independent review of this was not provided with the documentation. It was also noted that the injured worker had undergone an x-ray on 10/16/2013 that documented a slight restriction of flexion and extension at the C4-5 and C5-6. Objective findings included tenderness to palpation of the cervical spine with 4/5 motor strength and the bilateral upper extremities, and restricted range of motion secondary to pain. The injured worker's diagnoses included cervical disc protrusion, cervical degenerative disc disease, central stenosis, and cervical radiculopathy. It was also noted that psychological screening had been obtained. The injured worker's medications included Tramadol 50 mg, Flexeril 10 mg, and Naprosyn 500 mg. a request was made for anterior cervical discectomy and fusion with instrumentation at the C3 through C6 levels.

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 instrumentation at C3-C6 levels: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The requested anterior cervical discectomy and fusion with instrumentation at C3-C6 levels is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for documented instability that has failed to respond to conservative treatments. The clinical documentation submitted for review does not provided any evidence of instability. It is noted within the documentation that the injured worker underwent a magnetic resonance imaging (MRI) of the cervical spine. However, an independent review of that MRI was not included within the documentation. Additionally, it is noted within the documentation that the injured worker underwent a psychological screening preoperatively. However, the results of this testing was not provided. The clinical documentation submitted for review does not provide a physical evaluation with radicular type deficits in the C3-4, C4-5, and C5-6 distributions. Given the lack of physical presentation, imaging study, and psychological assessment, a fusion surgery would not be supported in this clinical situation. As such, the requested anterior cervical discectomy and fusion with instrumentation at C3-C6 levels is not medically necessary or appropriate.

Hospital Stay 1-3 Days: Upheld

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

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 medical clearance: Upheld

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

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.

Postoperative physical therapy 2 times per week for 4 weeks: Upheld

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

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: Upheld

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

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.

Cold Therapy Unit: Upheld

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

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.