

Case Number:	CM14-0097984		
Date Assigned:	07/28/2014	Date of Injury:	12/21/2013
Decision Date:	10/14/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 30 year old female who sustained an injury on 12/21/13 due to striking her head landing on the right ankle. The injured worker felt complaints of pain in the right ankle and cervical spine. MRI of the cervical spine dated 02/13/14 noted a posterior disc protrusion at C5-6 measuring 1.3mm beyond the vertebral body margins effacing the adjacent anterior thecal sac with preserved neural foramina. No significant canal stenosis was identified. Prior treatment included multiple sessions of physical therapy without relief. The injured worker was a noted occasional smoker. The injured worker was seen on 06/05/14 with continuing complaints of neck pain radiating to the shoulder and interscapular region. The injured worker had complaints of weakness in the right upper extremity. On physical examination there was noted weakness at the right deltoids and biceps. Sensation was diminished to light touch in the forearm and first second digits. Reflexes were absent at the right biceps. No evidence of myelopathy was identified. The injured worker was recommended for a C5-6 anterior cervical discectomy and fusion at this visit. The requested anterior cervical discectomy and fusion at C5-6 with injured worker stay for one day surgical assistant post-operative cervical brace and pre-operative chest x-rays were all denied by utilization review on 06/18/14.

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 C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

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

Decision rationale: This reviewer would not have recommended this request as medically necessary. Physical examination findings noted sensory loss in the right forearm and first second digits with mild weakness at the right deltoids and biceps however the MRI of the cervical spine provided for review noted no evidence of right sided neural foraminal stenosis or any involvement of the right sided nerve roots at C5-6. Disc protrusion was fairly small without any evidence of significant canal stenosis. Given the absence of any correlating findings between the physical examination and imaging and as there is a noted smoking history which would be a general contraindication for surgical intervention this reviewer would not have recommended this request as medically appropriate per the guidelines.

Inpatient Hospitalization for One Day for Cervical Spine Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

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

Decision rationale: This reviewer would not have recommended this request as medically necessary. The surgical request for the injured worker was not felt to be medically appropriate. Therefore post-operative one day length of stay would not be needed or warranted.

Surgery Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Millman Care Guidelines, 12th Edition American College of Surgeons et al. Physicians As Assistants At Surgery 2002 American Academy of Orthopedic Surgeons

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

Decision rationale: This reviewer would not have recommended this request as medically necessary. The surgical request for the injured worker was not felt to be medically appropriate. Therefore the requested assistant surgeon would not be needed or warranted.

Aspen Vista Cervical Brace for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Cervical Brace, Post-operative

Decision rationale: This reviewer would not have recommended this request as medically necessary. The surgical request for the injured worker was not felt to be medically appropriate. Therefore the requested post-operative cervical brace would not be needed or warranted.

Pre Operative Chest X-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative testing, general

Decision rationale: This reviewer would not have recommended this request as medically necessary. The surgical request for the injured worker was not felt to be medically appropriate. Therefore the requested pre-operative chest x-rays would not be needed or warranted.