

Case Number:	CM14-0181671		
Date Assigned:	11/18/2014	Date of Injury:	07/01/2014
Decision Date:	01/06/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/31/2014

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 California. 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 48-year-old male who reported an injury on 07/14/2014. The mechanism of injury was not provided within the medical record. The injured worker has been diagnosed with severe left cervical radiculopathy, massive disc herniation at C5-6, with profound spinal cord compression, and adjacent level disc protrusion at C4-5, measuring 2.5 to 3 mm. The injured worker's past treatments have included physical therapy, NSAIDs and analgesic medications, injections, and activity modification. No diagnostic studies were included for review; however, it was noted that an MRI was performed on an unknown date, with unknown results. The injured worker has a negative surgical history. The injured worker's subjective complaints include, pain and weakness to the bilateral upper extremities. Objective physical exam findings include severe weakness of the left deltoid and left biceps muscle, numbness and tingling over the anterior aspect of the left arm and mid aspect of the volar left forearm, as well as the dorsal radial aspect of the forearm and first dorsal web space, including the thumb and index finger. The injured worker also had an absent left biceps and brachioradialis reflex. The injured worker was noted to have a positive Hoffmann's reflex, which extinguished only after 10 beats. He also exhibited diffuse hyperreflexia in the left upper and lower extremities. It was documented that the patient had developed a right sided torticollis as a result of his injuries. The injured worker's medications include Motrin 600 mg, tramadol ER 150 mg, and Prilosec 20 mg. The subsequent treatment plan was complete in its description, but includes an anterior cervical discectomy and fusion at C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Two to Three Day Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital Length of Stay (LOS) Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Hospital Length of Stay

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the appropriate hospital length of stay; therefore, the Official Disability Guidelines were supplemented. ODG recommends a best practice target of a 1 day inpatient hospital stay for patients undergoing an anterior cervical discectomy and fusion. However, the injured worker does not meet criteria set forth by the California MTUS/ACOEM Guidelines to undergo a cervical fusion at this time. As such, the request for Associated Surgical Service: 2 to 3 Day Inpatient Hospital Stay are not medically necessary.

Associated Surgical Service: Post-Operative Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines recommend up to 24 visits of postoperative physical therapy after an initial 12 visits has been determined to be effective. The current request for 18 sessions exceeds guideline recommendations, and the requested surgery is not supported at this time. As such, the request for Associated Surgical Service: Postoperative Physical Therapy Times 18 Sessions is not medically necessary.

Possible C4-5 Possible C4-5 Anterior Cervical Discectomy and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back & Neck

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The California MTUS/ACOEM Guidelines recommend discectomy and/or fusion, for patients who have failed 4 to 6 weeks of conservative treatment and who exhibit physical examination evidence of nerve root compromise. The documentation submitted for review provided evidence of a significant nerve root compression at the C5 and C6 levels on the left; however, there was no documentation to support treatment at the C4-5 level. Without

physical examination evidence to corroborate imaging findings, surgical treatment is not warranted. As such, the request for decision for Possible C4-5 Possible C4-5 Anterior Cervical Discectomy and Fusion is not medically necessary at this time.