

Case Number:	CM14-0213186		
Date Assigned:	12/30/2014	Date of Injury:	04/07/2011
Decision Date:	03/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Oregon, California
 Certification(s)/Specialty: Neurological Surgery

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 patient is a 35-year-old female who reported an injury on 04/07/2011. The mechanism of injury involved a fall. The current diagnosis is cervical pseudoarthrosis at C6-7. The injured worker presented on 10/29/2014. The injured worker reported worsening neck pain, left greater than right, radiculopathy in the upper extremities, and numbness and tingling in the bilateral hands and feet intermittently. The injured worker also reported feelings of weakness in the hands, arms, and feet. Previous conservative treatment is noted to include physical therapy and epidural steroid injections. The current medications include Soma, Topamax, Norco, and Percocet. Upon examination, there was a non-antalgic gait, tenderness at the cervical paraspinal muscles, most notable at the C6-7 level, and restricted range of motion in all planes. There was 5 degrees of flexion, increasing pain with extension, positive Spurling's maneuver, and subjective numbness in the right and left hand. X-rays obtained in the office revealed radiolucency through a Peek interbody cage spacer at C6-7. A cervical MRI scan from 12/03/2013 revealed evidence of a previous done at C6-7 with mild residual left foraminal stenosis. A revision surgery was recommended to include removal of anterior interbody cage spacer and revision partial vertebrectomy and decompression with revision fusion using an allograft interbody cage. A Request for Authorization form was then submitted on 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: H &P with Pre-Op Labs: CBC with diff, CMP, PT, PTT, UA, MRSA, EKG, Chest: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines recommend preoperative testing guided by the patient's clinical history, comorbidities, and physical examination findings. According to the documentation provided, there is no mention of any comorbidities or a significant past medical history. Therefore, the medical necessity for preoperative testing has not been established in this case. As such, the request is not medically appropriate.

Associated Surgical Services: Aspen Cervical Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 collar, post-operative (fusion).

Decision rationale: The Official Disability Guidelines do not recommend a postoperative cervical collar after a single level anterior cervical fusion with plating. According to the documentation provided, the injured worker has been referred for a revision partial vertebrectomy and decompression with revision fusion at C6-7. Based on the clinical information and the Official Disability Guidelines, the request is not medically appropriate in this case.