MAXIMUS Federal Services

Case Number:	CM15-0014905		
Date Assigned:	02/02/2015	Date of Injury:	12/07/2000
Decision Date:	06/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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: Texas
Certification(s)/Specialty: Orthopedic 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 injured worker is a 59-year-old female who reported an injury on 12/07/2000. The mechanism of injury was not provided. There was a request for authorization submitted for review dated 01/06/2015. The documentation of 12/31/2014 revealed the injured worker had complaints of neck and right upper extremity pain and weakness. The injured worker was noted to undergo a C5-6 anterior cervical discectomy and fusion in 2001 for similar complaints that improved with surgery. The injured worker was noted to be doing well until a year before the examination as the symptoms started to come back. The injured worker described having 20+ sessions of physical therapy without benefit and the injured worker had a series of epidural steroid injections with temporary, but not long-term benefit. The injured worker had pain across the central part of the neck radiating to the right shoulder. The documentation indicated the injured worker had exhausted conservative options. The discussion was for an anterior cervical discectomy and fusion at C4-5. The physician indicated the injured worker's MRI of the cervical spine showed a 5 mm disc bulge with ventral compression of the thecal sac. The injured worker indicated she would like to proceed with surgery. The physical examination of the cervical spine revealed decreased sensation in the cervical spine and decreased range of motion. The injured worker had neck pain with flexion, extension and rotation and neck spasms. The diagnoses included the impression was adjacent level disc disease at C4-5 with symptoms of cervicalgia refractory to conservative management and ventral compression of the spinal cord. The injured worker underwent electrodiagnostic studies, which revealed no electrical evidence of cervical radiculopathy or brachial plexopathy in the bilateral upper extremities. The MRI of the cervical

spine revealed at C4-5 there was a central disc bulge measuring up to 5 mm at this level. There was ventral impression on the thecal sac. There was no significant spinal canal or neural foraminal compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACDF of the C4/5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & 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 indicates that a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological 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 receiving conservative treatment. The clinical documentation submitted for review indicated the injured worker had failed conservative care approximately one year prior to examination; however, there was a lack of documentation of a failure of recent conservative care and duration of recent conservative care. The documentation indicated the injured worker had objective findings upon physical examination and upon MRI. There was a lack of documentation of electrophysiologic evidence to support the necessity for surgical intervention. Given the above, the request is not medically necessary.

Assistant Surgeon: 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.

Pre Operative Medical Clearance (H&P, EKG, Chest X-ray, Labs): 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.

Intraoperative Neuromonitoring: 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.

Associated Surgical Service: Cervical Collar: 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.