

Case Number:	CM15-0111669		
Date Assigned:	06/18/2015	Date of Injury:	09/09/2004
Decision Date:	07/17/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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: New York
 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 injured worker is a 73-year-old male, with a reported date of injury of 09/09/2004. The diagnoses include cervical stenosis. Treatments to date have included an MRI of the cervical spine on 11/16/2014, which showed cervical spondylosis; and oral medications. The progress note dated 07/25/2014 indicates that the chief complaints were low back pain. The objective findings include normal muscle strength, intact sensation to light touch in all dermatomes of both lower extremities, straight leg raising exacerbated back pain only, negative internal and external rotation of the bilateral hips, and walked with a guarded gait. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested anterior interbody C5-7 arthrodesis, anterior C5-7 instrumentation, removal of posterior segmental instrumentation, and an x-ray of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrodesis, anterior interbody C5-C7 Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-80.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating. Upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide such evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Arthrodesis, anterior interbody C5-C7 Qty: 1 is NOT Medically necessary and appropriate.

Anterior instrumentation C5-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-80.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating. upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide such evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: anterior instrumentation C5-C7 Qty: 1 is NOT Medically necessary and appropriate.

Removal of posterior segmental instrumentation Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter- hardware removal.

Decision rationale: The ODG guidelines do recommend hardware removal if it is infected, broken or found to be a pain generator. Documentation does not provide this evidence. The requested treatment: Removal of posterior segmental instrumentation Qty: 1 is NOT Medically necessary and appropriate.

Cervical x-ray, 4 view Qty: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Removal of posterior segmental instrumentation Qty: 1 is NOT Medically necessary and appropriate, then the Requested Treatment: Cervical x-ray, 4 view Qty: 1 is NOT Medically necessary and appropriate.

Decision rationale: Since the requested treatment: Removal of posterior segmental instrumentation Qty: 1 is NOT Medically necessary and appropriate, then the Requested Treatment: Cervical x-ray, 4 view Qty: 1 is NOT Medically necessary and appropriate.