

Case Number:	CM15-0119127		
Date Assigned:	06/29/2015	Date of Injury:	11/29/2010
Decision Date:	07/30/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/19/2015

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 43 year female, who sustained an industrial injury on 11/29/2010 secondary to being an employed as a stocker. She developed pain in the left arm with numbness and underwent an anterior cervical fusion. Her diagnosis was left cervical radiculitis, status post C6-C7 anterior cervical fusion in 2006 and right lumbar radiculitis. On provider visit dated 04/27/2015 the injured worker has reported neck pain radiating down the left shoulder blade and down into the chest and left arm with weakness and some tingling. And headaches as well were noted. On examination of the neck revealed a limited range of motion. The diagnoses have included persistent disc herniation dorsally and ventrally at both C5-C6 and C6-C7 with nerve compression. Treatment to date has included conservation care, injections and surgical intervention. CAT scan of the cervical spine dated 04/07/2015 revealed prior C5-6 and C6-7 ACDF with anterior plate and screw fixation at C5-6. The interbody fusion was mature and the hardware was intact without complications. Posterior disc protrusion at C4-5 without spinal stenosis or neuroforaminal narrow was noted. The provider requested revision of left sided laminoforaminotomy and microdiscectomy at C5-C6 and C6-C7, Norco and associated surgical services and post -operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of left sided laminoforaminotomy and microdisectomy at C5-C6 and C6-C7:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

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. Such evidence is not found in the documentation. 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: revision of left sided laminoforaminotomy and microdisectomy at C5-C6 and C6-C7 is not medically necessary and appropriate.

Associated surgical service: 1 day inpatient hospital stay: 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.

Post-operative physical therapy x24 visits for cervical spine: 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: purchase of cervical brace to be used post-operatively: 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.

Norco 10/325mg, 1 tablet every 4-6 hrs for pain post-operatively #60: 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.