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| Case Number: | CM15-0145802 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 11/05/2010 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 07/23/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: Montana, Oregon, Idaho

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 male, who sustained an industrial injury on 11-5-10. The injured worker has complaints of neck pain that radiates down the left arm to the hand with numbness and tingling. The diagnoses have included pseudoarthrosis at the cervical fusion site; chronic neck pain and possible cervical radiculopathy. Treatment to date has included three cervical spine surgeries; epidural injection; physical therapy; chiropractic therapy; acupuncture; electromyography study of the bilateral upper extremities on 1-19-15 show normal study; computerized tomography (CT) scan of the cervical spine on 5-14-14 showed soft tissue density filling the right vallecular suggests a mass, status post anterior and interbody fusion at C5-C6 with posterior element fusion from C5 to C7; Advil, Tylenol and Aleve with no relief and gastrointestinal upset; naproxen with minimal relief; gabapentin makes him feel like a zombie and unable to function; Flexeril gives some relief; norco; Lyrica and MS Contin. The request was for cervical spine surgery, anterior removal of hardware, exploration of fusion, possible revision fusion at C5-6 with instrumentation, anterior cervical fusion at C6-7 with decompression; follow-up with orthopedic in 6 weeks; follow-up with pain management; preoperative history and physical; associated services electrocardiogram, chest X-ray, complete blood count, urinalysis and activated partial thromboplastin time, prothrombin time and type and screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine surgery: Anterior removal of hardware, exploration of fusion, possible revision fusion at C5-6 with instrumentation, anterior cervical fusion at C6-7 with decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter (online version), anterior cervical discectomy & fusion (ACDF): see fusion, anterior cervical.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of radiculopathy on EMG/ NCS on 1/19/15. The CT scan of the cervical spine from 5/14/14 does not demonstrate pseudarthrosis. The patient has radiating pain from the exam notes of 7/2/15 but this does not correlate with any imaging findings. Therefore, the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

Follow-up with Ortho in 6 weeks: Upheld

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

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

Decision rationale: CA MTUS ACOEM guidelines, neck and upper back chapter, page 180, states referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms; Activity limitation for more than one month or with extreme progression of symptoms; and Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term unresolved radicular symptoms after receiving conservative treatment. In this case, the worker has predominantly neck pain, which does not meet surgical criteria. Therefore, the request for Orthopedic follow-up is not medically necessary.

Follow-up with Pain Management: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medical management Page(s): 5-7.

Decision rationale: CA MTUS/ Chronic Pain Medical Treatment Guidelines, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In this case, the pain can be controlled by medications and the severity and duration of the pain do not necessitate the referral to a multidisciplinary pain management team. The request is not medically necessary.

Preoperative History and Physical: 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 Service: EKG: 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 Service: Chest X-Ray: 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 Service: CBC: 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 Service: UA: 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 Service: APTT, PT, Type and Screen): 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.