

Case Number:	CM15-0169215		
Date Assigned:	09/09/2015	Date of Injury:	12/31/2013
Decision Date:	11/03/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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: California
 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 40-year-old female, who sustained an industrial injury on December 31, 2013, incurring upper spine injuries. She was diagnosed with cervical disc disease and cervical radiculopathy. She underwent conservative treatment for pain management and underwent a cervical foraminotomy. Currently, the injured worker complained of increased neck pain radiating down both arms. She complained of persistent neck pain and stiffness increased with prolonged sitting and standing. A cervical Magnetic Resonance Imaging performed on January 29, 2015, revealed a posterior disc bulge on the left and a disc bulge to the right that was unchanged from the previous Magnetic Resonance Imaging. She was diagnosed with cervical spine sprain with radicular complaints. Computed tomography of the cervical spine on January 8, 2015, revealed straightening of the cervical spine curvature, cervical spondylosis, cervical disc protrusion, cervical spine stenosis. The treatment plan that was requested for authorization, on August 3, 2015, included anterior cervical disc fusion, an assistant surgeon, pre-operative medical clearance, post-operative cervical brace, post-operative cryotherapy for one month and a bone growth stimulator. On August 10, 2015, all requests for authorization were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical disc fusion of C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Anterior cervical.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the CA MTUS/ACOEM guidelines, surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of correlating or significant nerve root compromise from the MRI of 1/29/15. The patient has radiating pain from the exam notes of 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.

Associated surgical service: 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: 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 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 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 Cryotherapy for 1 month at 3-5 times per day: 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: Bone growth stimulator: 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.