

Case Number:	CM15-0173312		
Date Assigned:	09/24/2015	Date of Injury:	06/02/2003
Decision Date:	11/03/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/02/2015

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, Montana

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:

This injured worker is a 58-year-old female who reported an industrial injury on 6-2-2003. Her diagnoses, and or impressions, were noted to include: exacerbation of right cervical 7 radiculopathy; cervical 6-7 spondylosis; bilateral neural foraminal stenosis; status-post anterior cervical vertebrectomy and fusion cervical 4-5 & 5-6 (2009) with adjacent segment disease cervical-6-7; status-post bilateral carpal tunnel release; and cervical 3-4 anterior osteophytes. No pre-7-28-2015 magnetic imaging studies were noted; however, it appeared that magnetic imaging studies of the cervical spine were done post this Utilization Review, on 8-12-2015. Her treatments were noted to include cervical spine surgery, and medication management. The progress notes of 7-28-2015 reported a follow-up visit for continued pain in the neck with significant flare-up in discomfort; increasing pain in her neck that radiated into her right arm-hand; no change in pain with cough, sneeze or Valsalva, or with walking and balance which remained adequate; an increase in back pain and stiffness in her neck; and diminished, worsening strength in her right arm. The objective findings were noted to include: limited neck range-of-motion with tenderness and spasms; diminution to pain over the 3rd finger in the right hand, consistent with cervical 7 dermatome distribution; decreased reflexes in the bilateral biceps, brachioradialis, triceps, and left knee and ankle jerks; and weakness of the right triceps, brachioradialis and right wrist flexor. The physician's request for treatments was noted to include the need for an anterior cervical vertebrectomy and anterior cervical fusion at cervical 6-7 level, to remove her old plate at cervical 4-5, cervical 5-6, and replace a new structural graft and place a new plate into the fusion site. The Request for Authorization for anterior cervical fusion surgery at cervical 6-7, and removal of old plate at cervical 4-5 and cervical 5-6 and placement of new structural graft; along with a 1 day inpatient stay, and pre-operative chest x-

ray, electrocardiogram, laboratories, and urinalysis was not noted in the medical records provided. The Utilization Review of 8-10-2015 non-certified the requests for: anterior cervical vertebrectomy with anterior cervical fusion surgery at cervical 6-7, and removal of old plate at cervical 4-5 and cervical 5-6 and placement of new structural graft; along with a 1 day inpatient stay, and pre-operative chest x-ray, electrocardiogram, laboratories, and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical vertebrectomy with anterior cervical fusion at C6-7: 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 (Acute & Chronic): Fusion, anterior cervical.

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

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. 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 patient's electrophysiological studies were normal. No measurements for atrophy were found in the documentation. No fasciculations were recorded on physical examination. The requested treatment: Anterior cervical vertebrectomy with anterior cervical fusion at C6-7 is not medically necessary and appropriate.

Removal of old plate at C4-5 and C5-6 with placement of new structural graft: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

One 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative CMP: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative PT/PTT: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.