

Case Number:	CM15-0175085		
Date Assigned:	09/25/2015	Date of Injury:	02/16/1994
Decision Date:	11/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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:

The injured worker is a(n) 54 year old female, who sustained an industrial injury on 2-16-94. The injured worker was diagnosed as having status post C6-C7 anterior cervical discectomy and fusion with residuals, C5-C6 right sided disc osteophyte complex with disc protrusion and neural foraminal narrowing with compression of the right C6 nerve root and right C6 radiculopathy. The physical exam on 4-20-15 revealed 2-3 out of 10 pain at best and 10 out of 10 pain at worst and an intact sensory examination in all dermatomes bilaterally. The treating physician noted that the injured worker was not working and was temporarily totally disabled. Treatment to date has included a cervical MRI on 5-26-15 showing a small central protrusion of the C5-C6 disc and mild bulging of the C7-T1 disc, aquatic therapy in 1-2015, Advil and Prilosec. As of the PR2 dated 7-13-15, the injured worker reports frequent neck pain with radiation to the right shoulder and upper extremity. She rates her pain 6 out of 10. Objective findings include a sensory deficit over the right C6 dermatome, a positive Spurling's test and the right brachial radialis reflex is absent. The treating physician requested a C5-C6 anterior cervical discectomy and fusion and removal of plate at C6-C7, an assistant surgeon, pre-operative medical clearance, a 1 day hospital stay, a cervical brace, a bone growth stimulator purchase, post-operative physical therapy for the cervical spine, transportation to and from facility and post-operative use of Norco. On 7-13-15 the treating physician requested a Utilization Review for a C5-C6 anterior cervical discectomy and fusion and removal of plate at C6-C7, an assistant surgeon, pre-operative medical clearance, a 1 day hospital stay, a cervical brace, a bone growth stimulator purchase, post-operative physical therapy for the cervical spine, transportation to and from facility and post-operative use of Norco. The Utilization Review dated 8-4-15, non-certified the request for a C5-C6 anterior cervical

discectomy and fusion and removal of plate at C6-C7, an assistant surgeon, pre-operative medical clearance, a 1 day hospital stay, a cervical brace, a bone growth stimulator purchase, post-operative physical therapy for the cervical spine, transportation to and from facility and post-operative use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 Anterior Cervical Discectomy and Fusion and Removal of Plate at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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. Documentation does not provide this 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: C5-C6 Anterior Cervical Discectomy and Fusion and Removal of Plate at C6-C7 is not medically necessary and appropriate.

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 with an internal medicine specialist: 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 Services: 1 Day 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.

Associated Surgical Services: 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.

Associated Surgical Services: Bone Growth Stimulator purchase: 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 (cervical): 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.

Transportation to and from facility: 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 use of Norco: 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.