

Case Number:	CM15-0175820		
Date Assigned:	09/17/2015	Date of Injury:	04/28/2014
Decision Date:	11/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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 53-year-old male, who sustained an industrial injury on April 28, 2014, resulting in a tingling sensation running down the right arm when he was reaching overhead. A review of the medical records indicates that the injured worker is undergoing treatment for four level cervical disc degeneration with bulging with somewhat unstable anterolisthesis at C4-C5 with angular translation but no sagittal plan translation. On July 13, 2015, the injured worker reported neck pain rated 6 out of 10 and right arm and hand pain rated 5 out of 10. The Primary Treating Physician's report dated July 13, 2015, noted the injured worker had another cervical MTI dated July 9, 2015 and an electromyography (EMG)-nerve conduction velocity (NCV) dated June 18, 2015, with the results attached to the progress note. The Physician noted, "The patient has carpal tunnel symptoms on the right. Ulnar nerve, bilaterally, mild. This correlates with fourth and fifth finger symptoms on the right side". The Physician recommended a one level anterior cervical discectomy and fusion (ACDF) because of the instability at that level which would worsen. The cervical spine MRI dated July 9, 2015, noted the injured worker's history of neck pain radiating to the right shoulder with right arm paresthesia. The impression was noted to include central stenosis of mild to moderate degree at C3-C4, C4-C5, C5-C6, and C6-C7 and mild degree at C2-C3, right neural foraminal stenosis of severe degree at C3-C4 and C4-C5 and moderate degree at C5-C6 and C6-C7, a moderate degree of left foraminal stenosis at C4-C5, minimal ventral subluxation of C4 on C5 without facet joint dislocation, and developmental spinal stenosis. The electrodiagnostic study dated June 18, 2015, was noted to be an abnormal study. On May 18, 2015, the Primary Treating Physician noted x-rays taken that day showed the

injured worker had an unstable slightly progressive kyphotic deformity at C4-C5 with relatively stable segments above and below, and "It is possible that plate fixation of that segment with appropriate bone graft might be a compromise solution". The Primary Treating Physician's request for authorization was noted to include a one level ACDF at C4-C5, an assistant surgeon, a 2 day inpatient stay, a DME cervical vista collar, pre-op clearance with an internist, a pre-op EKG, a pre-op chest x-ray, and pre-op blood work. The Utilization Review (UR) dated August 19, 2015, non-certified the request for an one level ACDF at C4-C5, and therefore as the recommendation had been made to non-certify the surgery, the remaining requests were also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One level ACDF at C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

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

Decision rationale: Per 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 nerve root compromise from the exam of 5/18/15. 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.

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.

2 day inpatient 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.

DME cervical vista collar: 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 op clearance with internist: 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-op 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.

Pre-op 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.

Pre-op blood work: 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.