

Case Number:	CM15-0070839		
Date Assigned:	04/20/2015	Date of Injury:	09/23/2010
Decision Date:	07/31/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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 49 year old male, who sustained an industrial injury on 9/23/10. The initial complaints were not noted. The injured worker was diagnosed as having status post ACDF C6-C7 surgery. Treatment to date has included status post anterior cervical discectomy and fusion C6-C7 (4/17/12); chiropractic therapy; acupuncture; CT scan cervical spine (8/21/14); physical therapy; medication. Currently, the injured worker complains of PR-2 notes dated 3/12/15 indicated the injured worker had an anterior cervical discectomy/ fusion (ACDF) at C6-7 with instrumentation on 4/17/12. The injured worker had improving radiculopathy but still continues to have continued significant amount of left-sided neck and posterior shoulder blade symptoms that are likely the result of the C6-C7 posterior facet arthropathy as well as foraminal stenosis. His pain is left-sided at the lower cervical and upper thoracic areas with pain levels 6-9/10/The findings are correlated using the diagnostic studies (last one Cervical CT scan (8/21/14) reports multiple levels of degenerative disc disease with postoperative changes at C6-7. The provider notes the surgery is indicated so that we can definitively treat pathology for the injured worker to move the long recovery period to allow him to stabilize his condition. The provider notes this may not be curative. He has requested an anterior cervical fusion C6-7, discectomy, decompression and instrumentation with neuromonitoring; preoperative medical clearance; assistant surgeon; cervical collar; bone growth stimulator and inpatient x 4 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL FUSION C6-7, DISCECTOMY, DECOMPRESSION AND INSTRUMENTATION WITH NEUROMONITORING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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 correlating examination with the CT scan of 8/21/14. The patient has radiating pain from the exam notes of but this does not correlate with the imaging findings. Diagnostic blockade has not been performed at the C7 level. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

ASSOCIATED SURGICAL SERVICES -PREOPERATIVE 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.

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.

CERVICAL 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.

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.

INPATIENT X 4 DAYS: 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.