

Case Number:	CM15-0072127		
Date Assigned:	04/22/2015	Date of Injury:	04/23/2014
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/15/2015

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
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 54-year-old female, who sustained an industrial injury on 4/23/2014. She reported injury of the neck, right elbow, and low back and right knee. The injured worker was diagnosed as having headache, concussion with moderate loss of consciousness, low back pain with left lower limb radiculopathy, and degenerative herniated disc disease with herniation at L4-5, L5-S1 with degenerative arthritis and facet joint arthritis. Treatment to date has included medications, and epidural steroid injection. The request is for anterior cervical fusion, discectomy, C5-6 fusion allograft, pre-operative electrocardiogram, labs, clearance, and a soft collar. On 2/23/2015, she complained of headaches and the back of her neck feeling like a vice. The treatment plan included: Topamax, Imitrex, Zanaflex, Halcion, and follow up. She had been on Depakote, Fioricet and Phenergan with no benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Fusion and Discectomy, C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The California MTUS guidelines recommend surgical consultation if the patient is having severe persistent disabling upper extremity symptoms. The documentation does not provide evidence of this. The California guidelines also recommend the presence of clear clinical, imaging and electrophysiological evidence of the presence of a lesion known to have positively responded in the short and long term from surgical repair. Documentation does not provide support of such presence. Therefore, the request is not medically necessary and appropriate.

Anterior Fusion and Instrumentation with Structural Allograft, C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The California MTUS guidelines recommend surgical consultation if the patient is having severe persistent disabling lower extremity symptoms. The documentation does not provide evidence of this. The California guidelines also recommend the presence of clear clinical, imaging and electrophysiological evidence of the presence of a lesion known to have positively responded in the short and long term from surgical repair. Documentation does not provide support of such presence. The guidelines emphasize the imaging and patient's examination and history should corroborate a specific spinal cord level or nerve root to explain the complaints. No imaging supports spinal instability. Therefore, the request is not medically necessary and appropriate.

Pre-Operative EKG, Labs and 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: Soft 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.