

Case Number:	CM15-0072140		
Date Assigned:	04/22/2015	Date of Injury:	11/15/1995
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
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:

This 54 year old woman sustained an industrial injury on 11/15/1995. The mechanism of injury is not detailed. Evaluations include cervical spine MRI. Diagnoses include cervical spondylosis and disc herniation. Treatment has included oral medications and physical therapy. Physician notes dated 3/18/2015 show complaints of neck pain with headaches and occasional radiation to the bilateral shoulders and arms. Recommendations include surgical intervention at C5-6, C-7. The MRI scan showed two mm osteophytes at these levels. The provider states the request for surgery was at the worker's request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical decompression fusion at C5-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS guidelines recommend surgical consultation if the patient is having severe persistent disabling and debilitating 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. The requested treatment: Anterior cervical decompression fusion at C5-C7 is NOT Medically necessary and appropriate.

Three-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.

Pre-operative medical clearance to include Chest X-ray, Labs and 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.

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.