

Case Number:	CM15-0073829		
Date Assigned:	04/23/2015	Date of Injury:	01/20/1993
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/17/2015

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 66 year old male, who sustained an industrial injury on 01/20/1993 complaining of neck pain with radiating pain to the right upper extremity and numbness in his hands as a result of a fall. On provider visit dated 09/26/2014 the injured worker has reported neck pain. On examination of the cervical spine revealed tenderness to palpation of the bilateral cervical paraspinal musculature over the bilateral trapezius, lateral interscapular space, base of the skull, back of the neck and a decreased range of motion. And gait was noted as a wide stance and a wheeled walker was used for ambulation. It was noted that the gait imbalance was related to C3-4 stenosis with spinal cord compression. The diagnoses have included L2-3 and L3-4 moderately severe stenosis, L3-4 grade 2 spondylolisthesis, neurogenic claudication, status post L4-5 laminectomy and fusion. Treatment to date has included MI, electromyogram/nerve conduction study, x-rays, medications and injections. The provider requested C3-4 partial corpectomy with cage and instrumentation, associated surgical services: Pneumatic intermittent compression device for cervical spine, cervical hard collar, cold therapy unit rental x 30 days for cervical spine, and cervical soft collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cervical soft collar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Neck and Upper Back, Corpectomy & stabilization.

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: Pneumatic intermittent compression device for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Neck and Upper Back, Corpectomy & stabilization.

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: Cervical hard collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Neck and Upper Back, Corpectomy & stabilization.

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: Cold therapy unit rental x 30 days for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th edition, Neck and Upper Back, Corpectomy & Stabilization.

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.

C3-4 Partial Corpectomy with Cage and Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th edition (web), 2015, Neck and Upper Back, Corpectomy & stabilization.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent complaints referable to a specific nerve root or spinal cord level which corroborates imaging, clinical examination and electrophysiological studies and has failed to respond to conservative therapy. Moreover, the guidelines note the lesion has been shown to benefit from surgical repair both in the short and long term. 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. Documentation does not show failure at attempted conservative treatment. Documentation does not show severe cervical complaints. Documentation shows conflicting imaging data. The requested treatment: C3-4 partial corpectomy with cage and instrumentation is not medically necessary and appropriate.