MAXIMUS Federal Services

Case Number:	CM15-0077316		
Date Assigned:	04/28/2015	Date of Injury:	09/25/2005
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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 65 year old male patient who sustained an industrial injury on 09/25/2005. A secondary treating office visit dated 06/03/2014 reported the patient with subjective complaint of neck and right shoulder pain. The pain also radiates into the left shoulder, and he experiences headaches. He is diagnosed with degeneration of the cervical intervertebral disc, cervical disc displacement, and cervical radiculitis. The plan of care involved: recommending a spine surgeon consultation, continue with physical therapy, cervical epidural, and follow up in one month. Current medications are omeprazole, Naproxen, Fioricet, and Flexeril. A more recent follow up visit dated 01/08/2015 reported subjective complaints without change. The treating diagnoses have remained the same. The plan of care involved: continuing with current medications, continue with therapy, recommending aqua therapy. The patient is to follow up in two months' time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (2nd Edition), Chapter 7 Independent Medical Examinations and Consultation, page 127.

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.

Anterior Cervical Corpectomy And Fusion at C4-5, C5-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004) .pp. 180-181. Official Disabilities Guidelines, Treatment in Workers Comp 18th edition, 2013 Update. 1 Neck and Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-80.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating. upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide evidence of this. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy 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. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Anterior Cervical Corpectomy and Fusion at C4-5, C5-7 is NOT medically necessary and appropriate.

Associated surgical services: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines Inpatient and Surgical Core 16th Edition.

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 services: 2 Days Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment In

Workers Comp 18th edition, 201 3 Updates Neck and Upper Back chapterHospital length of stay.

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.