

Case Number:	CM15-0091478		
Date Assigned:	05/18/2015	Date of Injury:	04/02/2009
Decision Date:	06/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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 44-year-old male, who sustained an industrial injury on 04/02/2009. He reported feeling a pop in his neck while working out, which was part of his job requirement. The injured worker is currently not working and temporarily totally disabled. The injured worker is currently diagnosed as having status post anterior and posterior cervical fusion for cervical spinal stenosis, status post recent posterior spinal fusion for pseudoarthritis at C7-T1, thoracic kyphosis, multilevel thoracic disc degeneration, and thoracic disk herniation at T2-3. Treatment and diagnostics to date has included lumbar spine MRI, thoracic spine MRI, thoracic spine x-rays, multiple cervical surgeries, physical therapy, psychological therapy, and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of severe cervical thoracic pain and spasms. The treating physician reported requesting authorization for thoracic spinal fusion and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Posterior spinal fusion with instrumentation at T1-T12: 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, Low Back- Lumbar and Thoracic: Fusion (spinal).

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, 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 this evidence. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not provide this evidence. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: 1 Posterior spinal fusion with instrumentation at T1-T12 is NOT Medically necessary and appropriate.

Associate surgical service: 2 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.

Associate surgical service: 1 Pre-op 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.

Associate surgical service: 1 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.