

Case Number:	CM15-0092682		
Date Assigned:	05/19/2015	Date of Injury:	12/03/2001
Decision Date:	06/18/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/13/2015

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 62-year-old male, who sustained an industrial injury on 12/3/01. He reported initial complaints of cumulative injuries to back and bilateral knees. The injured worker was diagnosed as having cervical spondylosis and stenosis C3-4, C4-5, C5-6 and C6-7; chronic neck pain. Treatment to date has included chiropractic therapy; medications. Currently, the PR-2 notes dated 4/8/15 indicated the injured worker returns as a follow-up after last being seen in this office on April 2013. He is complaining of stiffness in the low back with sitting for long period of time and aching with bending. He has pain in both hips, predominantly on the right side. He has had a fusion at levels L3-4 to L5-S1 in 2010. He has neck pain that is frequent and varies in intensity with activities. He has had episodes of torticollis. He notes intermittent numbness and tingling in the upper extremities usually to the middle of his hands. This interferes with his ability to play musical instruments. He has been seeing a chiropractor, but stopped once insurance stopped paying for these treatments. The provider includes a complete physical examination as well as x-rays to the cervical and lumbar spine, which is relevant to the injured workers complaints. The provider also reviewed a cervical spine MRI reveals a combination of spondylosis with disc injury and disc collapse extending from C3-4 through C6-7. At C7-T1, there is a mild bridging osteophyte on the right but stable. He has significant stenosis foraminal at C5-6 and C6-7 as well as central C5-6. There is significant foraminal stenosis at C4-5 and C3-4. His cervical spine disease has progressed and maintaining with chiropractic care but it is now beginning to experience arm symptomology to the mid portions of his hands. The injured worker is requesting surgery as he has had work-up and failed conservative care. The provider is

requesting surgery for an anterior cervical discectomy and fusion at C3-4, C4-5, C5-6 and C6-7; EKG; chest x-ray; pre-operative labs; an Aspen collar and a bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion at C3-4, C4-5, C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, 183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic): Fusion, anterior cervical. (2014).

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 contain this evidence. His MRI scan of 2/25/15 was noted to be stable as compared to the MRI of 6/9/2011. On examination, he had a negative Spurling's test, intact reflexes and no upper extremity weakness. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not give details of the alternatives chosen and failed. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Therefore, the requested treatment is not medically necessary and appropriate.

Pre-Operative Labs: 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: Chest X-Ray: 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: 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.

Associated Surgical Service: Bone 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.

Associated Surgical Service: Aspen 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.