

Case Number:	CM15-0099611		
Date Assigned:	06/02/2015	Date of Injury:	10/10/2014
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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 50 year old male, who sustained an industrial injury on 10/10/14. He reported right shoulder pain. The injured worker was diagnosed as having cervical disc degeneration and shoulder region disorder. Treatment to date has included oral medications, physical therapy, chiropractic treatments, activity restrictions and home exercise program. (MRI) magnetic resonance imaging of right shoulder performed on 11/19/14 revealed SLAP tear of glenoid labrum, tendinosis versus partial intrasubstance tear involving the distal subscapularis tendon and mild degenerative hypertrophic changes of the acromioclavicular joint. Currently, the injured worker complains of persistent pain in bilateral arms, worse with activity. Physical exam noted restricted range of motion of cervical spine and diminished sensation in the left C7 distribution. A request for authorization was submitted for anterior cervical discectomy and fusion C4-5 and C6-7 with neuro monitoring, pre-op labs, EKG, chest x-ray, bone growth stimulator, cervical collar and Percocet post op.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Spine Discectomy and Fusion, C4-C5 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181, Chronic Pain Treatment Guidelines Page(s): 75.

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. 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: Anterior Cervical Spine Discectomy and Fusion, C4-C5 and C6-C7 are not medically necessary and appropriate.

Associated Surgical Services: Intraoperative neuromonitoring, Cervical Spine: 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 Services: 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.

Associated Surgical Services: Percocet 10/325 mg, Unknown qty: 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 Services: Bone growth stimulator, Cervical Spine, (unknown if rental or purchase): 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.