

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 4/5/2011
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011744

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon has a subspecialty in Spine Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old male who reported an injury on 04/05/2011. The patient has a history of chronic neck pain. The patient has been previously treated with medication management, therapy, and epidural steroid injections. The most recent note revealed pain with cervical spine range of motion, and intact neurological examination of the upper extremities. On imaging, the patient is noted to have severe bilateral neural foraminal stenosis at C5-6 and moderate bilateral neural foraminal stenosis at C3-4 and C4-5. The patient was also noted to have a 3 mm disc bulge flattening the ventral thecal sac at C4-5. The patient had a 3 mm disc bulge flattening the ventral thecal sac at C5-6. The patient is stated to have a diagnosis of cervical radiculopathy, failed back syndrome in the lumbar spine, and lumbar radiculopathy. The patient is being proposed for ACDF at C4-5 and C5-6 with associated pre and postoperative care.

IMR DECISION(S) AND RATIONALE(S)

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

1. Anterior Cervical Discectomy and Fusion C4-5, C5-6 is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS American College of Occupational and Environmental Medicine (ACEOM), which is part of the MTUS. In addition the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS American College of Occupational and Environmental Medicine (ACEOM), 2nd Edition, (2004), Neck and Upper Back Complaints, pages 17-180, which is part of the MTUS. In addition the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The American College of Environmental Medicine (ACOEM), guidelines state that the “efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated.” ACOEM also states that surgical consideration is indicated in patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term; and unresolved radicular symptoms after receiving conservative treatment. Official Disability Guidelines (ODG), specifically states that Anterior Cervical Decompression and Fusion (ACDF), is recommended for patients with evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling's test; evidence of motor deficit or reflex changes or positive Electromyogram (EMG), findings that correlate with the cervical level; abnormal imaging (Computerized Tomography (CT)/myelogram and/or MRI), study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings and evidence that the employee has received and failed at least a 6-8 week trial of conservative care. The clinical documentation submitted for review does indicate that the employee has persistent cervical spine pain that has been unresponsive to conservative care. However, there is a lack of documented radicular pain in a specific dermatomal distribution. There is also a lack of neurological deficits on physical examination to correlate with the imaging evidence of neural foraminal stenosis. Therefore, the employee would not meet ACOEM and ODG criteria for ACDF given the lack of subjective and objective clinical findings correlating with diagnostic findings.

2. Assistant CO Surgeon is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3. 2 day Inpatient LOS is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4. Pre-op Clearance Including Consultation is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

5. Labs is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

6. Electrocardiogram (EKG), and Chest X-Ray (CXR), is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

7. Cervical Collar- Miami J Collar is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

8. TEC System for Iceless Cold Therapy with Deep Vein Thrombosis (DVT) and Cervical Wrap is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]
[REDACTED]
[REDACTED]