

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	11/2/2012
IMR Application Received:	8/23/2013
MAXIMUS Case Number:	CM13-0015603

- 1) MAXIMUS Federal Services, Inc. has determined the request for **medical clearance anterior cervical discectomy and fusion at C5-C6 and C6-C7 partial corpectomy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **medical clearance anterior cervical discectomy and fusion at C5-C6 and C6-C7 partial corpectomy is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

39 yo male injured in Nov 2012. He has chronic neck pain. MRI of the cervical spine shows C6-7 disc degeneration and 4mm of right posterior lateral disc herniation causing foraminal stenosis and impinging the right C7 nerve root. The patient has chronic neck pain and numbness and pain in the right index long and ring fingers. The patient has had physical therapy and pain meds. There is no documentation of a clear and concise specific neurologic deficit. The patient is not myelopathic. At issue is whether or not 2 level cervical fusion surgery with partial corpectomy is medically needed.

Documents Reviewed for Determination:

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

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for medical clearance anterior cervical discectomy and fusion at C5-C6 and C6-C7 partial corpectomy:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pages 181-183, which is part of the MTUS as well as the Official Disability

Guidelines (ODG): Neck and Upper Back (updated 05/14/2013), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pages 179-180, which is part of the MTUS; and also used the Journal of Neurosurgery Spine, 2009, August; 11(2): 174-182. Doi: 10.3171/2009.3.SPINE08720.PMID:19769497[PubMed – indexed for MEDLINE], which is not a part of MTUS.

Rationale for the Decision:

The employee has a level two cervical disc degeneration with some foraminal narrowing at both C6-7 and C5-6 on MRI imaging. The employee does not have documented specific neurologic deficits that are likely to improve with surgery. There is no documented instability, fracture, or tumor that would necessitate fusion surgery. Level two anterior cervical fusion surgery is not likely to improve the employee's chronic neck pain. There is no evidence of spinal cord compression and clinical myelopathy. More conservative measures are likely to be successful in allievating the employee's symptoms. Fusion surgery is not medically indicated nor supported in the current peer review literature in this employee. Indications for anterior cervical decompression for the treatment of cervical degenerative radiculopathy. **The request for medical clearance anterior cervical discectomy and fusion at C5-6 and C6-7 partial corpectomy is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

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.