
Independent Medical Review Final Determination Letter

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[REDACTED]
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Dated: 12/27/2013

IMR Case Number:	CM13-0016893	Date of Injury:	10/29/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	08/27/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
C4-6 ANTERIOR DISCECTOMY FUSION WITH INSTRUMENTATION X 1 DAY IP			

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 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 claimant is a 50 year-old male injured on October 29, 2012 sustaining an injury to the neck. The records for review include a recent MRI report of the cervical spine December 12, 2012 that showed the C4-5 level to be with mild loss of disc height, two to three millimeter broad based protrusion, a disc osteophyte complex and severe bilateral neuroforaminal narrowing. There is encroachment of the bilateral exiting C5 nerve roots. The C5-6 level was noted to be with moderate to severe loss of disc height with degenerative changes four millimeter disc protrusion centrally with disc osteophyte complex and severe bilateral neuroforaminal narrowing and encroachment of the exiting C6 nerve roots. The most recent assessment for review is an August 2, 2013 assessment report indicating a diagnosis of cervical stenosis, radiculopathy and disc displacement. The recent MRI scan December 2012 was reviewed the surgical process in the form of C4-5 and C5-6 anterior cervical discectomy and fusion was recommended with instrumentation for further definitive care. Prior conservative care is documented to include activity modification, medication management and activity restrictions.

IMR DECISION(S) AND RATIONALE(S)

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

1. C4-6 anterior cervical discectomy fusion with instrumentation with 1 day inpatient stay is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, Neck Complaints, which is part of the MTUS and the Musculoskeletal Effects of Perioperative Smoking – Journal of The American Academy of Orthopedic Surgeons, June 2012, Vol. 20, No. 6, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Neck and Upper back Complaints, pp. 180-181, which is part of the MTUS and the Official Disability Guidelines (ODG), 18th Edition, 2013, Neck procedure – Fusion, anterior cervical, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA MTUS ACOEM and Official Disability Guidelines the surgical process at the C4 through C6 level with instrumentation and a one day inpatient length of stay is not supported. The CA MTUS guidelines state, "*The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated*" and the guidelines recommend surgical intervention in cases of "*Unresolved radicular symptoms after receiving conservative treatment*". The Official Disability Guidelines are consistent with the aforementioned indications for surgery as previously cited from CA MTUS ACOEM. In this case the imaging demonstrates neuroforaminal narrowing at C4-5 and C5-6 but there is a lack of documentation of supported radicular findings on examination to justify the need for a two level cervical procedure with fusion. The absence of the above clinical correlation would fail to necessitate surgery as outlined and subsequently there would be no need for an inpatient stay.

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.

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CM13-0016893