

## Independent Medical Review Final Determination Letter

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[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/19/2013

<b>IMR Case Number:</b>	CM13-0018062	<b>Date of Injury:</b>	10/05/2012
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/29/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED], MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
7/30/13 REQUESTED ANTERIOR CERVICAL DISKECTOMY, PARTIAL VERTEBRECTOMY AT C4-C5 AND C3-C4. DONE IMMEDIATELY. INPATIENT STAY AT CENTINELA HOSPITAL FOR 1-2DAYS. PRE-OP OFFICE VISIT WITH TESTING (LAB WORK, CXR & EKG) DX CERVICAL MYELOPATHY.			

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]  
/MCC

## 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, has a subspecialty in Spinal 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 36 year old male with an industrial injury from 10/5/12. Status post right shoulder arthroscopy with glenohumeral debridement and right shoulder arthroscopic subacromial decompression and arthroscopic cuff repair. Examination note from 6/18/13 demonstrates no physical examination findings. Examination note from 7/12/13 demonstrates complaint of neck pain, shoulder and arm pain. Physical examination reports, "weakness of the upper and lower extremities bilaterally. He has cervical myelopathy." Diagnosis of cervical myelopathy. MRI 6/14/13 report of moderate stenosis C3/4 and C4/5. Report of failure of physical therapy.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Anterior cervical diskectomy, partial vertebrectomy at C4-C5 and C3-C4, done immediately, inpatient stay at Centinela Hospital for 1-2 days office visit with testing (Lab work, CXR & EKG)is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Practice Guidelines, Neck and Upper Back Complaints Chapter, 2<sup>nd</sup> Edition, 2004, pages 181-183, which is part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines Neck and Upper Back Chapter, and the Low Back Chapter, which are not part of the MTUS.

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9) pages 181-183, which is part of the MTUS.

The Physician Reviewer also based his/her decision on [Cervical spinal stenosis: outcome after anterior corpectomy, allograft reconstruction, and instrumentation.](#) J Neurosurg. 2002 Jan;96(1 Suppl):10-6, and [Cervical radiculopathy.](#) J Am Acad Orthop Surg. 2007 Aug;15(8):486-94, as well as the Official Disability Guidelines Neck and Upper Back section, which are not part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines do not recommend discectomy or fusion without conservative treatment over a minimum of 4 to 6 weeks. In the medical records provided for review, there is no documentation of failure of non-operative care. The clinical documentation also offers no demonstration of objective cervical deficit or weakness on examination that correlates with the MRI of the cervical spine. Anterior cervical corpectomy is the standard of care of symptomatic cervical myelopathy with severe central canal stenosis. Anterior cervical discectomy and fusion is the standard of care for symptomatic cervical spondylitic radiculopathy recalcitrant to non-operative care. In this particular case there is no objective evidence of cervical myelopathy in the clinical documentation reviewed. There is no correlating physical examination findings corresponding to the levels requested for corpectomy. There is no evidence of failure of nonsurgical management prior to contemplation of a multilevel cervical corpectomy. The preoperative electrocardiogram is not indicated because there is lack of medical necessity for the proposed surgical procedure. The medical records provided for review do not provide clear evidence documenting failure of non-operative treatment, objective physical examination findings, or severe cervical spinal stenosis to warrant the requested procedures. **The request for Anterior cervical discectomy, partial vertebrectomy at C4-C5 and C3-C4, done immediately, inpatient stay at Centinela Hospital for 1-2 days office visit with testing (Lab work, CXR & EKG) is not medically necessary and appropriate.**

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]

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