

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/20/2013
Date of Injury:	7/13/1998
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018218

- 1) MAXIMUS Federal Services, Inc. has determined the request for **anterior cervical discectomy followed by fusion (ACDF) at C5-C6 and C6-C7 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **two to three day in hospital stay is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **anterior cervical discectomy followed by fusion (ACDF) at C5-C6 and C6-C7 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **two to three day in hospital stay 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 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 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:

The patient is a 52-year-old female status post industrial injury on 7/13/1998. MRI of the cervical spine dated 10/31/2012 demonstrated a 2mm disc bulge at C5-6 2 without neural impingement. At C6-7, there is a 3-4 mm central disc bulge without neural impingement. An examination note from 6/5/2013 demonstrates neck pain and radiation to the right upper extremity. Physical examination demonstrates decreased sensation in a right C5-6 distribution. There is report of weak biceps and triceps on the right.

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:

- [REDACTED]

1) Regarding the request for anterior cervical discectomy followed by fusion (ACDF) at C5-C6 and C6-C7:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 8, page 180, which is a part of the MTUS, and the Official Disability Guidelines (ODG), Neck and Upper Back Complaints Section, which is not a part of the 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 180-183, Surgical Considerations, which is a part of the MTUS and the ODG (Neck and Upper Back Chapter), which is not a part of the MTUS.

Rationale for the Decision:

The ACOEM criteria require 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, and there should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. The ODG guidelines recommend that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). An abnormal imaging (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. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. A review of the submitted records do not include documentation of neural compression of neural structures on MRI of the cervical spine correlating with physical examination. In addition, there is no evidence of cervical myelopathy. **The request for anterior cervical discectomy followed by fusion (ACDF) at C5-C6 and C6-C7 is not medically necessary and appropriate.**

2) Regarding the request for two to three day in hospital stay:

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

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

/sab

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.