

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/3/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	4/20/1980
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004582

- 1) MAXIMUS Federal Services, Inc. has determined the request for **C3 to C7 anterior cervical discectomy with implatation of hard ware realignment between 7/16/2013 and 9/14/2013 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **C3 to C7 anterior cervical discectomy with implantation of hard ware realignment between 7/16/2013 and 9/14/2013** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

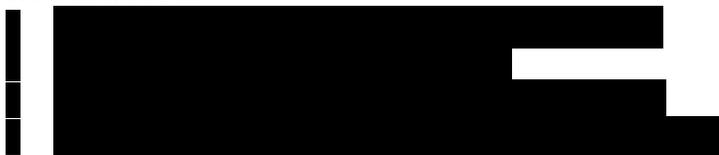
The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The 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:

This claimant is a 58-year-old male with a reported date of injury of 04/20/1980. No clinical notes were provided for this review. Mechanism of injury, diagnoses and other pertinent information to support this request have not been provided. A request was made for a C3-7 anterior cervical discectomy with implantation of hardware.

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:



- 1) **Regarding the request for C3 to C7 anterior cervical discectomy with implantation of hard ware realignment between 7/16/2013 and 9/14/2013 :**

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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 180, which is part of MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), Indications for Surgery, which is not 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) pg 179-180, which is part of the MTUS. The Expert Reviewer also based his/her

decision on the Official Disability Guidelines (ODG), Neck Chapter, which is not part of the MTUS.

Rationale for the Decision:

There are no clinical notes provided for this review to document current subjective complaints or current objective findings. There are no imaging studies to document pathology in the cervical spine to warrant this level of intervention. There are no therapy notes or interventional injection notes to document failure of conservative measures. MTUS/ACOEM Neck Chapter indicates that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arms symptoms, activity limitation for more than 1 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. Specifically for a nerve root decompression, MTUS/ACOEM indicates this may be accomplished with a cervical laminectomy and disc excision with nerve root decompression, especially for posterolateral or lateral disc ruptures or foraminal osteophytes. Anterior disc excision is performed more often, per MTUS/ACOEM Guidelines, especially for central herniations or osteophytes. MTUS/ACOEM Neck Chapter does not specifically address fusion after a cervical decompression. Official Disability Guidelines Neck Chapter indicates that an anterior fusion is recommended as an option in combination with anterior cervical discectomy, although current evidence is conflicting about the benefit of fusion in general. Lacking documentation of current subjective or objective findings, lacking documentation of imaging studies, lacking documentation of electrodiagnostic studies to confirm radiculopathy, and lacking documentation of significant conservative care. **The request for C3 to C7 anterior cervical discectomy with implantation of hard ware realignment between 7/16/2013 and 9/14/2013 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

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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.