

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

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



Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/6/2013
Date of Injury:	11/3/2010
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005172

- 1) MAXIMUS Federal Services, Inc. has determined the request for C5-7 posterior foramenotomy and fusion with instrumentation **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for in patient stay for 5 days **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a pre-op anesthesia appointment **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for pre-op diagnostics CBC, PT, PTT, BMP, MRSA screening, CXR 2 views, EKG, and assistant surgeon **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 C5-7 posterior foramenotomy and fusion with instrumentation **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for in patient stay for 5 days **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a pre-op anesthesia appointment **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for pre-op diagnostics CBC, PT, PTT, BMP, MRSA screening, CXR 2 views, EKG, and assistant surgeon **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 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 male who reported a work-related injury on 11/30/2010 as a result of strain to the cervical spine. The clinical note dated 02/22/2013 reported the patient was seen under the care of Dr. [REDACTED] for his cervical spine injury. The provider documented the patient had undergone revision of his C5 to C7 anterior cervical discectomy and fusion on 01/07/2013. The provider documented the patient had some continued numbness and tingling to the bilateral hands and also reported having some pruritic type sensations to the upper extremities. The provider documented the patient denies any difficulties with swallowing. AP lateral x-rays of the cervical spine revealed a C5 to C7 anterior cervical discectomy and fusion with no evidence of hardware failure and the provider documented the patient's fusion was progressing nicely. Physical exam revealed 5/5 motor strength throughout the bilateral deltoid, biceps, triceps, wrist extension, wrist flexion, and grip strength. A subsequent CT of the cervical spine dated 06/10/2013 signed by Dr. [REDACTED] revealed: (1) a revised anterior fusion hardware and probably incorporated discoplasty complexes when compared to prior CT examination, persistent osteophytic narrowing of the neural foramina t the surgical level C5-6 and particularly on the right at C6-7, and persistent spinal stenosis at C5-6; and (2) no acute interval findings, remaining levels intact, and no abnormal soft tissue or edema. A

follow-up note dated 06/19/2013 by Dr. [REDACTED] documents the patient continues to present with symptomatic cervical radiculopathy. The provider documents that the patient had originally undergone a C5-6, C6-7 fusion, with revision of the anterior fusion months ago. The provider documented the patient had improvement of his symptoms for a short period of time and now has recurrent C7 distribution radiculopathy. The provider reported this is manifested by painful paresthesias particularly to the right upper extremity. The provider documented the patient presents with a posterior component of compression from the superior facet at C7 that is abutting the C7 nerve root particularly. The provider documented the patient was going to require a posterior cervical foraminotomy and stabilization.

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 C5-7 posterior foramenotomy and fusion with instrumentation:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Table 8-8, pgs. 181-183, which are part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints, Surgical Considerations, pgs. 179-180, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ACOEM guidelines indicate, "clear clinical imaging and EMG evidence consistently indicating the same lesion that has been shown to benefit from surgical repair for both short and long-term." The previous adverse determination was rendered due to a lack of specific diagnostic imaging evidencing nerve root impingement. Additionally, the clinical notes do not evidence the employee has utilized recent conservative treatment for recurrent radiculopathic symptomatology. The guideline criteria have not been met. **The request for C5-7 posterior foramenotomy and fusion with instrumentation is not medically necessary and appropriate.**

2) Regarding the request for in patient stay for 5 days:

Since the primary procedure **C5-7 posterior foramenotomy and fusion with instrumentation** is not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

3) Regarding the request for a pre-op anesthesia appointment:

Since the primary procedure **C5-7 posterior foramenotomy and fusion with instrumentation** is not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

4) Regarding the request for pre-op diagnostics CBC, PT, PTT, BMP, MRSA screening, CXR 2 views, EKG, and assistant surgeon:

Since the primary procedure **C5-7 posterior foramenotomy and fusion with instrumentation** is not medically necessary and appropriate, none of the associated services are 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

/ldh

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.