

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/26/2013
Date of Injury: 4/26/2012
IMR Application Received: 8/9/2013
MAXIMUS Case Number: CM13-0009077

- 1) MAXIMUS Federal Services, Inc. has determined the request for Anterior cervical discectomy with fusion C5-6, RNFA **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Inpatient stay 3-4 days **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Pre-operative labs **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Pre-operative EKG **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Pre-operative chest x-rays **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/26/2013. 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 with fusion C5-6, RNFA **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Inpatient stay 3-4 days **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Pre-operative labs **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Pre-operative EKG **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Pre-operative chest x-rays **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:

57 yo female with chronic neck pain and stiffness and previous posterior foraminotomy surgery. The patient has had considerable attempts at conservative nonoperative treatment methods. EMG studies suggest carpal tunnel condition with possible C6 radiculitis. MRI does not show any significant stenosis or severe nerve root compression. At issue is whether or not C5-6 fusion is needed. There is no evidence of spinal instability, fracture, or tumor.

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 Anterior cervical discectomy with fusion C5-6, RNFA:

The Medical Treatment Guidelines 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: pages 179-180, which is part of 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 179-180, which is part of MTUS.

Rationale for the Decision:

MTUS Guidelines state that the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. This employee has multiple levels of degeneration of disc in the cervical spine from C4-C7. The employee has already had a C5-6 posterior foraminotomy and still has neck pain and arm symptoms in multiple nonspecific dermatomes. Anterior fusion and discectomy at C5-6 is not likely to be successful. In the medical records provided for review, there is no documented instability, fracture or concern for tumor. Also, the magnetic resonance imaging (MRI) study does not demonstrate any severe compression of any nerve root or any severe stenosis in any region of the cervical spine. Additional spinal surgery is not likely to be effective. **The request for Anterior Cervical Discectomy with Fusion C5-6, RNFA is not medically necessary and appropriate.**

2) Regarding the request for Inpatient stay 3-4 days:

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

3) Regarding the request for Pre-operative labs:

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

4) Regarding the request for Pre-operative EKG:

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

5) Regarding the request for Pre-operative chest x-rays:

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

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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.