

Case Number:	CM13-0052468		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2008
Decision Date:	06/17/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas and Michigan. 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48-year-old female who reported an injury to her neck and right shoulder on 08/01/2008. The patient also had complaints of low back pain. The clinical note dated 12/11/12 indicates the patient complaining of post-surgical pain following a neck surgery in 01/2011. The note indicates the patient having previously undergone an MRI in March of 2010 which revealed disc protrusions at C4-5 and C6-7. The procedural report dated 01/03/13 indicates the patient undergoing an occipital nerve block along with a trigger point injection at the levator scapulae, trapezius, and rhomboids. The operative report dated 01/08/13 indicates the patient undergoing medial branch blocks in the lumbar region. The clinical note dated 02/05/13 indicates the patient continuing with post-surgical pain in the cervical region. The patient described the pain as a shooting sensation that is constant. The clinical note dated 03/06/13 indicates the patient continuing with numbness and tingling in the left upper extremity. Radiating pain was also identified to be radiating into the left upper extremity. The clinical note dated 04/12/13 indicates the patient being recommended for a surgical intervention. The note indicates the patient using Lidoderm and Lyrica for pain relief. The treating provider has requested anterior cervical vertebrectomies and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL VERTEBRECTOMIES AND FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), The Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: The documentation indicates the patient complaining of cervical region pain with radiating pain into the upper extremities. A vertebrectomy and fusion would be indicated in the cervical region provided the patient meets specific criteria to include completion of all conservative treatments and imaging studies confirm the patient's neurocompressive findings. No imaging studies were submitted for review. No information was submitted regarding the patient's completion of any conservative treatments. Given these factors, the necessity for the requested procedure has not been established. The requested service is not medically necessary.

1 DAY INPATIENT STAY:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), The Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter. Hospital Inpatient Stay

Decision rationale: Given the non-certification of the requested surgery, the additional request for a 1 day inpatient stay is not medically necessary.