

Case Number:	CM14-0172921		
Date Assigned:	10/23/2014	Date of Injury:	07/12/2009
Decision Date:	11/25/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/20/2014

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 Ortho Spine Surgeon, and is licensed to practice in New York. 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 has chronic neck pain. Cervical MRI from July 2014 shows mild canal stenosis at C5-6 and C6-7. There degenerative changes at multiple cervical levels. There is mild foraminal stenosis at multiple cervical levels. The patient is a 47-year-old female with a date of injury of July 12, 2009. Physical exam shows reduced range of neck motion secondary to pain. Wrist strength is 4-5 on the right side. Wrist extension is reduced on the right side. Deep tendon reflexes are 1+ bilaterally. At issue is whether three-level anterior cervical discectomy and fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 Pre-operative medical clearance between 9/22/2014 and 11/6/2014.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated surgical service: 12 post-operative physical therapy visits between 9/22/2014 and 11/6/2014.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

1 anterior cervical discectomy and fusion at the C5-C6, C6-C7 and C7-T1 levels between 9/22/2014 and 11/6/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Chapter Neck Pain, page 186

Decision rationale: This patient clearly does not meet establish criteria for three-level anterior cervical discectomy fusion surgery. Specifically there is no correlation between imaging studies and physical exam findings showing specific radiculopathy or myelopathy related to specific compression on imaging studies. In addition is no documented instability fracture or tumor. There no red flag indicators for three-level spinal cervical fusion surgery. Three-level fusion surgery for degenerative cervical condition is not likely to relieve chronic neck pain. Surgery not medically necessary and not supported by MTUS guidelines.

Associated surgical service: 3 days of in-patient hospital stay between 9/22/2014 and 11/6/2014.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.