

Case Number:	CM13-0065412		
Date Assigned:	01/03/2014	Date of Injury:	02/06/2012
Decision Date:	11/10/2015	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Tennessee, Montana
 Certification(s)/Specialty: Orthopedic Surgery

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 59-year-old female who reported an injury on 02/06/2012. The mechanism of injury involved a motor vehicle accident. The patient is currently diagnosed with cervical spondylosis, lumbar degenerative disc disease, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and degenerative joint disease in bilateral hands. The patient was seen on 11/04/2013. The patient reported neck and low back pain. Physical examination revealed diminished grip strength on the left, positive tenderness to palpation of the trapezii bilaterally, slightly diminished cervical range of motion, 5/5 motor strength in bilateral upper extremities, and positive head compression testing. Treatment recommendations included an anterior cervical discectomy and fusion at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACDF C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Low Back-Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy-laminectomy-laminoplasty.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation is indicated for patients who have persistent and severe disabling upper extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence indicating a lesion, and unresolved radicular symptoms after received conservative treatment. Official Disability Guidelines state there must be evidence of radicular pain and sensory symptoms in a cervical distribution as well as evidence of motor deficit or reflex changes. As per the documentation submitted, the patient's physical examination revealed 5/5 motor strength in bilateral upper extremities with intact sensation and symmetrical reflexes. There is no evidence of radicular pain upon physical examination. There were no electrodiagnostic reports or imaging studies submitted for review. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is not medically necessary.

Associated surgical service: 3-day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Hospital length of stay (LOS) guidelines.

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

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

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing; ACC/AHA 2007 Guidelines- Perioperative cardiovascular evaluation and care for non-cardiac surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

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

Associated surgical service: Vista cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Collars (cervical).

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

Associated surgical service: DJO bone growth stim: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bone growth stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Bone-growth stimulators (BGS).

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