

Case Number:	CM14-0070390		
Date Assigned:	07/16/2014	Date of Injury:	01/27/2005
Decision Date:	11/12/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/15/2014

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. 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: California, Indiana, Oregon
 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 injured worker is a 57-year-old male, who sustained an industrial injury on 1-27-05. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy and medications. Diagnostics studies included MRI cervical spine (2-14-14). Currently, the PR-2 notes dated 3-18-14 indicated the injured worker returns to the clinic on this day. He has had a MRI of the cervical spine. The provider documents the findings revealing that the cervical MRI shows spinal cord compression at C5-6 as well as C4-5 but much worse at C5-6 with signal changes in the spinal cord. The provider continues with documentation noting the injured worker is having significant atrophy of the intrinsic muscles of his hands. He notes it is most likely due to the neck. He documents that it is his feeling at this time the spinal cord compression and damage already too severe for them to ignore to do the lumbar surgery first. He recommends an anterior cervical corpectomy and fusion at C4-5 and C5-6 to decompress the spinal cord in order to stop the progress of the weakness and atrophy that is developing in his hands. Then they will do his lower back. He documents the neck injury is work related. He will see the injured worker back in six weeks for follow-up or when the cervical issue can be addressed. A PR-2 dated 2-4-14 was also submitted along with many other prior dates of service. The PR-2 note of 2-4-14 is a "Detailed Re-evaluation" but does not contain a history and physical or evaluation for the injured workers complaints on this date. It does note the injured worker was present for a re-evaluation and the MRI of the cervical spine has been denied. The note goes on to indicate they will renew his medications and see him back in six weeks for a follow-up. The MRI of the cervical spine was completed and reviewed by the provider on 3-18-

14. A Request for Authorization is dated 5-15-14. A Utilization Review letter is dated 4-30-14 and non-certification was for the requested anterior cervical corpectomy and fusion at C4-C5 and C5-C6; 2-day in-patient hospital stay; assistant surgeon and pre-op medical clearance with as needed follow-up appointment. These services were non-certified by Utilization Review due to "no information has been provided: history, physical examination, or prior therapy to justify the surgery." The provider is requesting authorization of anterior cervical corpectomy and fusion at C4-C5 and C5-C6; 2-day in-patient hospital stay; assistant surgeon and pre-op medical clearance with as needed follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Corpectomy and Fusion at C-4-C-5 C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back (Updated 04/14.2014) Corpectomy & Stabilization; Official Disability Guidelines: Neck & Upper Back (Updated 04/14/2014) Fusion, Anterior Cervical.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the CA MTUS/ACOEM Practice Guidelines, surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. In this case, there is evidence of significant enough disease at C5/6 to warrant fusion as there is spinal cord edema, but there is no imaging evidence of significant neural compression at C4/5. Therefore, the request is not medically necessary.

2-day in-patient hospital stay: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant Surgeon: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op Medical Clearance with as needed follow-up appt: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.