

Case Number:	CM13-0002298		
Date Assigned:	05/19/2014	Date of Injury:	10/13/2010
Decision Date:	06/10/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/19/2013

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 Spine Surgery 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 is a female who was injured on October 13, 2010 in a motor vehicle accident when she was rear-ended. The patient is experiencing chronic neck pain radiating to the shoulders and upper back. She's had chiropractic care, medication and physical therapy, which all provided temporary relief. The patient continues to have chronic pain. Physical examination shows no motor or sensory deficits in the upper extremities although the patient reported severe shoulder pain and numbness. Biceps and triceps are weak at 4/5. MRI the cervical spine reveals 3 mm disc protrusions at C5-C6 with minimal stenosis and a 2.7 mm posterior disc bulge at C6-7. Repeat MRI from April 2012 shows C5-6 disc bulge without neuroforaminal compromise and C6-7 disc bulge.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROPLASTY C6 - C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability 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 Pain Chapter - Artificial Disc.

Decision rationale: According to the Official Disability Guidelines, regarding surgical consideration, states, "Within the first three months of onset of potentially work-related acute neck and upper back symptoms, consider surgery only if the following are detected: severe spinovertebral pathology, severe debilitating symptoms with physiologic evidence of specific, nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy...A disk herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, shoulder and arm symptoms, and nerve root dysfunction. The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms." The Official Disability Guidelines also state, "Referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term; and unresolved radicular symptoms after receiving conservative treatment." In this case, the MRI imaging does not document severe compression of the spinal cord or nerve roots. There is no correlation between nerve root or spinal cord compression on MRI imaging and the patient's physical examination. The patient does not have evidence of myelopathy with severe radiculopathy on physical examination. Also, there is no evidence of cervical instability, fracture or tumor. Criteria for cervical spine surgery are not met. Therefore, the request for Arthroplasty C6-C7 is not medically necessary and appropriate.

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).

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 OPERATIVE CLEARANCE: 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.

TWO DAY INPATIENT 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.