

Case Number:	CM13-0006779		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2013
Decision Date:	02/27/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in 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 physician 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 30-year-old male. The patient complains of chronic neck pain and arm pain.

The patient reports pain associated with left scapular pain radiating to the posterior lateral arm and the dorsum of his forearm as well as index and middle fingers. He does not have any right upper extremity symptoms. He describes his pain beginning on December 31 he sought treatment on January 7. He denies any specific work-related injury but states that the injury is likely related to repetitive work. He reports his pain ranges from 7-9 on a scale of 1-10.

He takes Percocet has had a cortisone shot in a trigger point as well as oral steroids. The patient reported 50% improvement with 12 sessions of physical therapy.

On physical examination he has tenderness to palpation of the left scapular region left trapezius muscle. He has a limited range of cervical motion. He has weakness of his left triceps as well as left wrist flexion. Hoffman sign is negative. The patient has normal sensation in the bilateral upper extremities. He reports numbness in C7 on the left in numerous exams.

The patient received X-rays of the cervical spine. The X-rays were normal. MRI the cervical spine shows focal disc protrusion at C6-7 on the left side compressing the left C7 nerve root.

He's been diagnosed with left C6-7 herniated disc and left C7 radiculopathy. He has had conservative measures and still has symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Anterior Cervical Discectomy Fusion Cervical 6-Cervical 7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Chapter: Pulmonary, an ACC/AHA 2007 Guidelines on preoperative cardiovascular evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Surgical Considerations. .

Decision rationale: This patient now meets established criteria for anterior cervical C6-7 discectomy and fusion surgery. The patient has had 12 physical therapy sessions with documented 50% relief. The patient continues to have pain. The patient has pain radiating to the left C7 dermatome distribution. The patient also has weakness of the C7 myotome on the left side. The patient has corresponding MRI imaging study showing a disc herniation impinging on the left C7 nerve root. Because this patient has had significant attempts at conservative measures to include physical therapy and trigger injections and medications over a reasonable period of time, he is now a candidate for ACDF surgery at C6-7. The patient needs criteria for this surgery because he has failed conservative measures and continues to have evidence of C7 radiculopathy on the left side with corresponding imaging studies showing C7 compression from the disc herniation. Surgery is medically needed.

neuromonitoring during surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Chapter: Pulmonary, ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guidelines

Decision rationale: Neural monitoring is appropriate during anterior cervical discectomy and fusion surgery. It has been established as a standard of care for detecting unforeseen neurologic problems during anterior cervical surgery. It is clearly supported in the peer review literature and remains the standard of care when performing anterior cervical fusion surgery. It is medically needed for the ACDF surgery.

Decision for Lab work (CBC, PT/PTT and INR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Chapter: Pulmonary, ACC/AHA 2007 Guidelines on preoperative cardiovascular evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guidelines

Decision rationale: The patient is 30 years old with no significant past medical history. There is no need for preoperative lab work. Because the patient is relatively young and has no past medical history preoperative lab work is not medically necessary and not supported by current guidelines.

Decision for chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Chapter: Pulmonary, ACC/AHA 2007 Guidelines on preoperative cardiovascular evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guidelines

Decision rationale: The patient has not been established criteria for preoperative chest x-ray. The patient is 30 years old with no significant past medical history. Preoperative chest x-rays not needed.

Decision for post operative physical therapy x 12 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Chapter: Pulmonary, ACC/AHA 2007 Guidelines on preoperative cardiovascular evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

Decision rationale: This patient meets criteria for postoperative physical therapy. Established criteria indicate that 12 visits postoperatively after cervical fusion was within accepted guidelines for a number of visits postoperatively after cervical fusion.