MAXIMUS Federal Services

Case Number:	CM13-0007317		
Date Assigned:	01/10/2014	Date of Injury:	09/17/2011
Decision Date:	03/19/2014	UR Denial Date:	07/12/2013
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 orthopedics 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 53-year-old male. He is a custodian at a hospital. He complains of chronic neck shoulder and right arm pain. The patient had an MRI of his shoulder in October 2000 and I then and it demonstrated spur of the a.c. joint and a partial thickness tear of the rotator cuff. He was diagnosed as having impingement syndrome as well as arthralgia of the upper extremity. Nerve conduction study and EMG was performed in December 2011 and demonstrated mild right carpal tunnel syndrome with no evidence of cervical radiculopathy. Patient had a cervical spine MRI in February 2012 that showed a C4-5 herniated disc with bulging at C5-6 and C6-T1. Patient has been treated with physical therapy and meds. On physical examination the patient has tenderness in the trapezial region and paraspinal muscle tenderness in the posterior neck. He has restricted neck range of motion. Neurologic exam demonstrates mild decreased sensation in the left thumb with decreased sensation on the volar aspects of the third fourth and fifth digits of the right hand. He has a positive compression test in the neck. He has a positive Tinel sign over the median nerve at the wrist on the right side. Deep tendon reflexes at the triceps and biceps are 0 and symmetrical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The Physician Reviewer's decision rationale: This patient does not meet established criteria for anterior cervical spine decompression and fusion surgery. Specifically, the patient does not have an MRI imaging study that shows significant compression of the nerve root that correlates with radiculopathy on physical examination. In addition, there is no evidence of instability, fracture, and tumor, or progressive neurologic deficit. Established criteria for cervical spine fusion surgery are not met. The patient has evidence of cervical spondylosis without significant nerve root compression on MRI imaging studies that is correlated with specific radiculopathy on physical examination. Patient has neurophysiologic studies that show carpal tunnel syndrome without cervical radiculopathy. Cervical spine surgery is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Physician Reviewer's decision rationale: Because his surgery is not medically needed, than all other associated items are not needed.

Post-Op Stay 2 Days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Physician Reviewer's decision rationale: Because his surgery is not medically needed, than all other associated items are not needed

Neck Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The Physician Reviewer's decision rationale: Because his surgery is not medically needed, than all other associated items are not needed.