

Case Number:	CM13-0010991		
Date Assigned:	01/15/2014	Date of Injury:	08/20/2012
Decision Date:	06/06/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/14/2013

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 Surgery, has a subspecialty in Spine Fellowship, and is licensed to practice in California. 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:

This is a 56 year old female patient, status post injury on 8/20/12 at which time she was involved in a MVA. X-rays have revealed significant spondylosis at C5-6 and C6-7. The medical records indicate that the patient is a smoker. 4/17/13 AME identified that future medical care should include the option for further diagnostic testing for cervical and lumbar radiculopathy. 5/21/13 examination had revealed evidence of positive spurling's and dysesthesias along the C6-7 dermatomes. 6/18/13 note identified generalized weakness and numbness in the bilateral arms, hands and shoulders. Treatment has not been described. 7/19/13 progress note states that the patient has neck pain that is aggravated by repetitive motions of the neck. She has low back pain as well. She has cervical spine tenderness with positive axial loading compression testing and Spurling's testing. She has positive impingement sign and pain with terminal motion. 7/9/13 progress note stated that the neck pain is aggravated by repetitive motion. There is limited and painful cervical range of motion. There is documentation of an 8/1/13 adverse determination at which time the request for surgery was non-certified as physical exam did not document evidence of motor deficit or reflex change or positive EMG or cervical MRI. The prior peer reviewer recommended to certify the request for cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7, POSSIBLE C4-C5, ANTERIOR CERVICAL MICRODISCECTOMY WITH IMPLANTATION OF HARDWARE AND REALIGNMENT OF JUNCTIONAL KYPHOTIC DEFORMITY THAT IS PRESENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS criteria for cervical decompression include 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 electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. The medical necessity of the requested surgery has not been established by the records provided. There are no imaging reports that establish cervical pathology with nerve root impingement. There is no clear description of motor, sensory, or reflex deficits in the corresponding nerve root distributions. The course of conservative care directed at cervical symptomatology is not clearly described. Furthermore, the patient is noted to be a smoker, which per the ODG, predictors of good ACDF outcome include non-smoking. Moreover, the prior peer reviewer recommended to certify a cervical MRI. The patient has undergone plain film imaging; however, the request for invasive surgical intervention cannot be supported without the opportunity to view the results of advanced imaging studies. For these reasons, the requested surgery is not medically necessary at this juncture.

CO-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.

MEDICAL CLEARANCE WITH INTERNIST: 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.

INPATIENT STAY; 2-3 DAYS: 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.

CERVICAL COLLAR: 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.

MINERVA MINI COLLAR #1: 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.

MIAMI J COLLAR WITH THORACIC EXTENSION #1: 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.

BONE STIMULATOR: 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.

POST-OPERATIVE MEDICATION (UNSPECIFIED): 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.