

Case Number:	CM13-0011948		
Date Assigned:	12/04/2013	Date of Injury:	10/27/2011
Decision Date:	02/14/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/15/2013

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 Orthopedic Surgery 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 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 claimant is a 32-year-old female who was injury in a work related accident on October 27, 2011 sustaining injury to her cervical spine. Records for review include a recent electrodiagnostic study report to the upper extremities from February 7, 2013 that showed chronic active C5-6 radiculopathy bilaterally. A recent July 1, 2013 assessment by [REDACTED] indicated ongoing complaints of pain about the neck with radiating right upper extremity pain and numbness. Physical examination findings on that date showed restricted cervical range of motion with 5/5 motor strength to the bilateral upper extremities, equal and symmetrical reflexes and diminished sensation to touch in a C6 and 7 dermatomal distribution. Reviewed at that time was the claimant's MRI scan which showed annular tearing at C5-6 and C6-7 with moderate foraminal stenosis. A two level anterior cervical discectomy and fusion at C4-5 and C5-6 was recommended for further treatment in regards to her cervical related complaints citing failed conservative care and continued symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C5-6 anterior cervical discectomy and fusion (ACDF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation ODG discectomy/laminectomy

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, neck procedure-Fusion, anterior cervical

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines, anterior cervical discectomy and fusion at the two requested levels would not be indicated. The claimant's electrodiagnostic studies demonstrate chronic changes at the C5-6 level but do not give compressive findings or indication at C4-5. The claimant's clinical imaging also is not supportive of significant neural compressive findings on imaging with physical examination also not correlating to the C4-5 and formal radicular findings on examination. The requested two level surgical requests would fail to be necessitated based on lack of clinical correlation between imaging, electrodiagnostic studies and examination at this stage.

Unknown length of 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

Hard and soft 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

Bone growth 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-op physical therapy 3 times a week for 6 weeks: 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 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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 and 48. Decision based on Non-MTUS Citation ODG Opioid drugs, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for use Page(s): 78-80.

Decision rationale: Based on California MTUS Guidelines, the role of opioid analgesics in this case would not be indicated. The role of surgical intervention has not yet been established thus negating the need for use of opioids in the postoperative setting. Recent clinical records indicate that the claimant was given prescriptions for Anaprox and Flexeril at last assessment which were managing for preoperative pain related complaints