

Case Number:	CM13-0014354		
Date Assigned:	10/03/2013	Date of Injury:	11/25/2009
Decision Date:	02/04/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/20/2013

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 Pennsylvania. 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 41-year-old female with a previous injury date of 11/25/09. The patient has been given a prior diagnosis of a cervical strain with radiculitis. The patient had a concomitant confounding diagnosis of carpal tunnel syndrome and underwent previous carpal tunnel release. The patient underwent previous MRI studies of the cervical spine that showed only mild central stenosis at C3-4, C5-6 and C6-7 as well as a syrinx. Electrodiagnostic studies have been negative for cervical radiculopathy. The patient also has a history of depression. A C5 through C7 anterior cervical discectomy and fusion has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7 Anterior Cervical Discectomy with Implantations of hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: It is not clear that the patient has compressive pathology from degenerative changes, disc pathology, or the syrinx according to the MRI findings noted within the records. Though the patient reportedly has symptoms in the C5 through C7 nerve root distributions, the

patient does not have focal objective findings of radiculopathy by exam. Rather, the patient has diffuse generalized weakness throughout the extremities. According to the medical records provided for review, this patient also did not have objective evidence of radiculopathy by electrodiagnostic testing. Evidence based guidelines generally require focal symptoms of radiculopathy corresponding with objective findings by exam or electrodiagnostic studies and associated neurocompressive pathology on imaging. The confounding factors of potential recurrent carpal tunnel syndrome as well as underlying potential issues with depression further complicate this case. Overall, the records would not support the requested surgical intervention as the findings noted do not correspond with evidence based guidelines requirements for the surgical procedure being requested. The request for a C5-C7 anterior cervical discectomy with implantations of hardware is not medically necessary and appropriate.

Medical 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.

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.

Minerva Mini 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 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