

Case Number:	CM13-0015541		
Date Assigned:	10/09/2013	Date of Injury:	12/05/2009
Decision Date:	02/25/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopaedics and is licensed to practice in New Hampshire, New York and Washington. 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 has a date of birth [REDACTED] date of injury of May 9, 2006. The patient developed arm pain insidiously. She has had previous carpal tunnel releases and elbow surgery which did not help. The patient states that her pain runs down the arm and causes paresthesias in the entire hand. Range of motion is documented as reasonable and motor strength in the arms is normal. Sensation and reflexes are normal in the legs. A positive Spurling's test is documented. Upper motor neuron findings are not documented in the chart. The patient has had previous L5-S1 interbody fusion. MRI from September 2012. Reveals disc osteophyte complex and uncovertebral hypertrophy with narrowing of the left neural foramen at C6-7. There is degenerative disc condition with a trace right neuroforaminal narrowing at C5-6 and C4-5. EMG study from March 2012 reveals no indicators of carpal tunnel syndrome and ulnar neuropathy in the bilateral upper extremities. The study also indicates no indicators of acute cervical radiculopathy. At issue is whether multiple level cervical spinal decompression and fusion surgery medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 possible C3-4 anterior cervical discectomy with implantation of hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC.

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

Decision rationale: The Physician Reviewer's decision rationale: This patient clearly does not reestablish criteria for multiple level cervical spine decompression and fusion surgery. Specifically, the patient does not have any documented instability of the cervical spine. The patient does not have any documented red flag indicators for spinal fusion surgery such as fracture, tumor or progressive neurologic deficit. In addition, the patient's MRI does not demonstrate any region of severe neural compression. The patient also has a physical examination does not demonstrate specific radiculopathy or myelopathy. In fact this patient has neurophysiologic testing that does not demonstrate any radiculopathy of the cervical spine. Established criteria for cervical spine decompressive or fusion surgery are clearly not met in this case. There is no medical necessity for multiple level cervical decompression or fusion surgery.

Cervical Collar: Minerva Mini Collar, #1 and Miami J Collar with Thoracic Extension #1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC.

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

Decision rationale: The Physician Reviewer's decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Bone Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC.

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

Decision rationale: The Physician Reviewer's decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Medical clearance with Sean Leoni, MD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC.

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

Decision rationale: The Physician Reviewer's decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.