

Case Number:	CM13-0024721		
Date Assigned:	11/20/2013	Date of Injury:	09/01/2011
Decision Date:	01/24/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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 has a subspecialty in Spine 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.

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 who reported an injury on 09/01/2011 after a fall landing on both hands. The patient also experienced neck pain as result of the fall and was diagnosed with a slipped disc. The patient underwent an electrodiagnostic study that revealed evidence of carpal tunnel syndrome. The patient underwent physical therapy and bracing of the bilateral wrists without significant benefit. The patient underwent right carpal tunnel release and left carpal tunnel release. MRI of the cervical spine revealed broad-based disc bulge at C3-4 effacing the anterior the cal sac and no evidence of compression fracture or stress injury. The patient's most recent clinical exam findings included balance issues, restricted cervical spine range of motion, tenderness to palpation along the paraspinal musculature, and diminished sensation in the right thumb and index fingers with weakness in the bilateral intrinsic muscles. The patient's diagnosis included cervical stenosis and carpal tunnel syndrome. The patient's treatment plan included cervical fusion and a smoking cessation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Decompression and fusion at C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: The requested anterior cervical discectomy and fusion at C3-4 is not medically necessary or appropriate. The clinical documentation submitted for review does not provide evidence of radicular symptoms related to the requested level. There is no documentation of motor weakness or sensational disturbances in the C3-4 dermatomal distributions. Additionally, the clinical documentation submitted for review does not provide any evidence the patient has exhausted all lower levels of conservative care. The submitted documentation primarily focuses on the patient's bilateral carpal tunnel syndrome. As the physical findings are consistent with the C3-4 deficits and there is no evidence the patient has failed to respond to all lower levels of conservative treatment for the patient's neck complaints, the requested anterior cervical decompression and fusion at C3-4 is not medically necessary or appropriate.

Consultation for Smoke Cessation Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), pg 163.

Decision rationale: The requested consultation for smoke cessation program is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence the patient is a smoker. The clinical documentation submitted for review does not provide evidence the patient is a fusion surgery candidate. Therefore, a smoking cessation program would not be supported. Additionally, American College of Occupational and Environmental Medicine recommends additional expertise from a consultation be used in complicated diagnoses or treatment programs. The clinical documentation submitted for review does not provide any evidence the patient has failed to self limit any smoking habits. There is no documentation the patient has failed to self-limit his smoking activities. As such, the requested consultation for smoke cessation program is not medically necessary or appropriate.