

Case Number:	CM13-0026936		
Date Assigned:	12/18/2013	Date of Injury:	01/26/2011
Decision Date:	02/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/20/2013

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 Orthopedics 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 is a 40-year-old woman, date of injury January 26, 2011. She injured her back and neck when she bent down to pick up a baby. There is some question the record S1 and neck pain became a primary complaint. Physical examination reveals normal gait generalized tenderness throughout the spine and limited cervical lumbar motion. Upper extremity neurologic examination was normal. Cervical MRI in August 2012 showed C3-4 disc bulge causing mild narrowing of the left lateral recess and left lower foramina. There was mild stenosis noted at the C4-5 right foramina. At C5-6 and annular tear disc bulge was noted without any significant canal stenosis. Patient has had epidural steroid injections without relief. Another examination indicates some biceps flexion and triceps extension weakness with diminished sensation of 5 and 6 dermatomes. This doctor recommends anterior cervical discectomy and fusion surgery at C5-6. At issue is whether this is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion at C5-6: 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 rationale: There is conflicting physical examination between 2 doctors in the medical record. There is no clear and concise evidence of radiculopathy. One of the doctors indicates that the physical exam is normal in the upper extremities. The MRI scan does not corroborate the presence of disc herniation causing neural compromise at C5-C6 that would support the necessity of decompression surgery. In addition there is no evidence of instability, spondylolisthesis, fracture, or tumor that would necessitate fusion. Therefore, guidelines for cervical decompression and fusion surgery are not met. This patient does not have a clear cut significant radiculopathy that is supported with imaging evidence of specific nerve root compression or instability

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.

Aspen hard 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.

Cervical soft 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.