

Case Number:	CM13-0027229		
Date Assigned:	11/22/2013	Date of Injury:	06/27/2011
Decision Date:	01/06/2014	UR Denial Date:	09/05/2013
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 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:

This patient is a 39-year-old male who reported an injury on 06/27/2011. Per the documentation submitted for review, the patient was injured as a result of a slip and fall on a wet floor with the patient having resulting pain to the neck, right shoulder, low back, left leg and ankle. The notes indicate that the patient has received treatment with medications, heating pads, formal physical therapy as well as acupuncture treatment and epidural steroid injections for the lumbar spine. Current medications for the patient include Norco, Lyrica, Adderall, levothyroxine, Dexilant, Lorena, Xopenex, Advair, and Senna. Regarding the cervical spine, it is noted the patient does have signs and symptoms consistent with cervical discopathy and radiculopathy as well chronic headaches, tension between the shoulder blades and migraines.

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 implantation of hardware: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The California MTUS Guidelines states that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm

symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term as well as unresolved radicular symptoms after receiving conservative treatment. Cervical nerve root decompression may be accomplished in one of two major ways; cervical laminectomy and disk excision with nerve root decompression, especially for posterolateral or lateral disk ruptures or foraminal osteophytes. However, anterior disk excision is performed more often, especially for central herniations or osteophytes. Possible complications of decompression include wound infections, diskitis, recurrent disk material or graft slippage and cervical cord damage. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. A review of the submitted documentation indicates on 06/20/2013 the patient underwent electrodiagnostic studies of the upper extremities bilaterally to rule out cervical radiculopathy versus entrapment neuropathy. Findings of the study indicated there were no electromyographic indicators of acute cervical radiculopathy noted. An imaging study in the form of MRI of the cervical spine was completed on 07/31/2013 which indicated at the requested levels for surgery of C5-C7 that at C5-6 there were findings of a 3 mm to 4 mm central posterior disc protrusion/extrusion with 3 mm anterior disc protrusion and at the C6-7 level with a 3 mm to 4 mm protrusion of the left paracentral posterior aspect of the disc with compromise of the exiting left nerve root and a 3 mm anterior disc protrusion. Also, at the adjacent level of C4-5, there was a 2 mm central posterior disc protrusion with 2 mm anterior disc protrusion. The notes indicate that the patient has failed all appropriate conservative measures including activity modification, formal physical therapy, and pain management including a cervical epidural block as well as medication management. More recently, an orthopedic evaluation was carried out of the patient on 09/05/2013 with findings in the cervical spine indicated as unchanged noting tenderness at the cervical paravertebral muscles and upper trapezial muscles with evidence of spasm as well as axial loading compression test and positive Spurling's maneuver with painful and restricted cervical range of motion as well as dysesthesia at the C6 and C7 dermatomes with limited cervical range of motion. The notes indicate that most recently on 09/05/2013, the patient underwent an injection of Toradol for treatment of muscle spasms as well as an injection of B12 complex. Moreover, the patient has identified multilevel pathology in regards to the c

Purchase of a cervical collar: Minerva collar #1, Miami J collar with thoracic extension #1, bone stimulator #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address post-operative cervical collars or bone growth stimulators following fusion. Official Disability Guidelines state that cervical collars are primarily recommended for whiplash associated disorders. Also, Official Disability Guidelines support a post-operative bone growth stimulator as an adjunct to spinal fusion for patients at risk for failed fusion due to fusion that is to be performed at more than one level; current smoking habits; ir significant co-morbidities such as

diabetes or renal disease. However, while the consideration for the requested DME may be supported, the current request is in conjunction with the request for surgery which has not yet been certified. Therefore, the request for purchase of cervical collar: Minerva collar #1, Miami J collar with thoracic extension #1, bone stimulator #1 is not medically necessary and appropriate.