

Case Number:	CM13-0037561		
Date Assigned:	06/09/2014	Date of Injury:	01/29/2007
Decision Date:	07/14/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic 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 expert 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 injured worker is a 44 year old female who reported an injury to her cervical region. The MRI of the cervical spine dated 08/15/13 revealed a mild diffused disc herniation at C4-5 causing moderate stenosis of the spinal canal. Mild to moderate associated stenosis was identified above the bilateral neuroforamen contacting the bilateral C5 exiting nerve roots. A mild diffused disc herniation was also identified at C5-6 causing mild stenosis of the spinal canal. Mild stenosis was also identified at the bilateral neuroforamen contacting the bilateral C6 nerve roots. The electrodiagnostic studies completed on 08/27/13 revealed essentially normal findings with no evidence of radiculopathy in the upper extremities. There is an indication the injured worker had findings suggestive of a bilateral chronic active C5-6 radiculopathy, right greater than left confirmed by the EMG studies. The Agreed Medical Evaluator (AME) dated 08/05/13 indicates the initial injury occurred on 01/29/07 when she was moving large crates of ice cream. The injured worker stated that 1 of the crates had come off the hinge and jerked her right arm. The injured worker stated that she felt an immediate pop in the right shoulder with subsequent pain. The injured worker's past medical history is significant for a surgical intervention in the cervical region with insertion of a titanium plate. There is an indication that the injured worker had undergone postoperative therapy in 2011. The injured worker also had continued complaints of cervical region pain. The injured worker was able to demonstrate 30 degrees of cervical flexion and 30 degrees of extension with 30 degrees of bilateral rotation. There is an indication that the injured worker demonstrated 4/5 strength in the right C6 distribution specifically with elbow flexion. The injured worker was being recommended for an ACDF at C4-5 and C5-6 with instrumentation at that time. The clinical note dated 07/24/13 indicates the injured worker having a previous surgery at C6-7. This note indicates the injured worker having no motor or sensory deficits. The clinical note dated 08/26/13 indicates the

injured worker continuing to be recommended for an ACDF at 2 levels. However, the injured worker demonstrated no motor or sensory deficits at that time. The utilization review dated 10/16/13 resulted in a denial for a surgical procedure to include an ACDF at C4-5 and C5-6 as the injured worker presented with no significant symptoms supporting the operative procedure. The additional requests for postoperative care were also rendered not medically.

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 LEVEL PLACEMENT OF PROSTHETIC DEVICE C4-C6 INSTRUMENTATION W/CERVICAL PLATING

REVISION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The documentation indicates the injured worker complaining of cervical region pain. There is an indication on the most recent MRI of the injured worker showing stenosis at the C4-5 and C5-6 levels. However, no information was submitted regarding the injured worker's significant neurologic deficits as no information was submitted regarding the injured worker's strength, reflex, or sensation deficits in the appropriate distributions. Additionally, it is unclear if the injured worker has completed any recent conservative treatments to include conservative therapies or injections at the appropriate levels. Without this information, it is unclear if the injured worker would benefit from the proposed anterior cervical discectomy and fusion. Therefore, this request is not indicated as medically necessary.

INPATIENT 2-3 DAYS: 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.

POST OPERATIVE PT 2 X 4: 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.

MUSCLE STIMULATOR, COLD THERAPY UNIT, POST CERVICAL COLLAR, 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.