

Case Number:	CM13-0041937		
Date Assigned:	12/20/2013	Date of Injury:	03/08/2013
Decision Date:	05/06/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 claimant is a 51-year-old female who was injured on March 8, 2013. This was noted to be a cumulative trauma accident dating back to 1989. Clinical progress assessment of August 19, 2013 by [REDACTED] indicated chief complaints of neck pain with chronic headaches, tension between the shoulder blades. There were also symptoms to the upper extremities bilaterally with physical examination showing restricted range of motion with tenderness to the cervical spine, positive Spurling's testing and dysesthesias in a C5 through C7 dermatomal distribution. There were noted to be dysesthesias to the digits with weak grip strength bilaterally with positive Tinel sign at both the elbow and positive Tinel and Phalen's testing at the wrist. Previous imaging for review includes a cervical MRI from April 15, 2013 that showed multilevel discogenic disease most noted at the C4-5 through C6-7 level where there is evidence of multilevel disc osteophyte complexes. The C5-6 level was with no evidence of impingement upon the exiting nerve roots. The C4-5 level was with impingement upon the right exiting nerve roots and the C6-7 level was noted to be with foraminal encroachment bilaterally. Based on failed conservative care, a three level C4 through 7 anterior cervical discectomy and fusion was recommended for further definitive management of the claimant's ongoing complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY: C4 TO C7 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF HARDWARE: 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): 165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, a three level surgical process to include anterior cervical discectomy and fusion from C4 through 7 would not be indicated. Reviewed in this case is clinical imaging that is supportive of significant degenerative change in the cervical spine with no true clinical correlation between the three requested surgical levels in the claimant's current physical examination findings. While the claimant is noted to be with numbness to the digits, he is also noted to be with positive Tinel's testing at both the elbows and the wrist. Lack of true definitive supportive measures from a neural compressive process on the three requested surgical levels versus other forms of upper extremity compressive processes would fail to necessitate the acute need of surgical intervention.

MINERVA MINI COLLAR #1,: 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 items/services are medically necessary.

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 items/services are medically necessary.

MEDICAL CLEARANCE WITH [REDACTED]: 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 items/services are medically necessary.

NORCO 10/325MG #60: 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 items/services are medically necessary.

ASSISTANT SURGEON: 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 items/services are medically necessary.

INPATIENT STAY 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 items/services are medically necessary.

MIAMI J COLLAR WITH THORACIC EXTENSION: 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 items/services are medically necessary.