

Case Number:	CM13-0055615		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2012
Decision Date:	08/14/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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:

This is a 43-year-old male with a 05/23/2012 date of injury. A specific mechanism of injury was not described. On 10/23/13 a determination was not granted given no indication that the patient had failed conservative treatment, no symptoms with evidence of specific nerve root compromise, and lack of motor deficit. 10/3/13 neurosurgical consultation identifies shooting left arm pain and interscapular pain. There is bilateral hand tingling and numbness. The patient does not have objective weakness but the patient is about 10 times stronger than most normal people are and he states that feels a bit weak. His pain limits him. 10/3/13 cervical spine MRI report revealed at C5-6 there is a shallow posterior disc osteophyte indenting upon the ventral aspect of the thecal sac without abutment upon the spinal cord, causing mild spinal canal stenosis. There is bilateral uncovertebral arthropathy causing moderate bilateral neural foraminal narrowing. At C6-C7 there is focal disc extrusion overlying the left subarticular zone with approximately 4mm of superior migration measured from the inferior endplate of C6 indenting upon the left ventral aspect of the thecal sac causing mild spinal canal stenosis compressing upon the exiting left C7 nerve root in the foraminal zone. There is right-sided uncovertebral arthropathy causing moderate to severe right-sided neural foraminal narrowing. 8/23/13 medical report by [REDACTED] identified 2+ reflexes and symmetrical. Sensation intact to light touch and normal strength. 8/22/13 medical report by [REDACTED] identified weakness in the right arm with biceps and triceps rated at 4/5. Reflexes were noted at 3++ and right greater than left Hoffman's. 7/12/13 medical report by [REDACTED] identified negative Hoffman's and normal reflexes. 4/10/13 medical report by [REDACTED] identified positive Spurling's, decreased pinprick along the right thumb. Reflexes 3++ with evidence of bilateral Hoffman's reflexes. Treatment to date has included physical therapy and medication.

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 FUSION AND PLATE SURGERY:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180,183.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 8 Neck and Upper Back Complaints, page 180 and on the Non-MTUS Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: The patient had shoulder and arm symptoms, apparently in the C7 distribution. The MRI revealed moderate bilateral neural foraminal narrowing at C5-6 and compression of the left C7 nerve root. However, the physical findings did not clearly correlate with this. It was not clear if the patient is having myelopathy. There was discrepancy between different providers. With one documenting normal reflexes and another pathologic reflexes. In addition, a medical report stated there were no motor deficits, and another reports indicated motor weakness. The doctor notes severe cord compression and myelopathy however, the MRI shows that the spinal cord is normal in caliber and signal intensity. While a surgical procedure might have been indicated in this patient, the records did not clearly reflect consistent exam findings to support the necessity of a surgical procedure. Therefore, the request is not medically necessary.

X-RAY OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 8 Neck and Upper Back Complaints, page 181 and on the Non-MTUS Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EKG, CHEST X-RAY & LABS: CBC, BMP, PT, PTT/INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Preoperative evaluation page 33 and Non-MTUS American College of Cardiology Foundation-Medical Specialty Society and on the Non-MTUS American Heart Association.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Practice Advisory for Preanesthesia Evaluation, A Report by the American Society of Anesthesiologists Task Force on Pre-anesthesia Evaluation.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

1 MIAMI J COLLAR: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.