

Case Number:	CM13-0057545		
Date Assigned:	01/10/2014	Date of Injury:	05/27/2013
Decision Date:	06/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 47-year-old female who reported an injury to her neck on May 27, 2013. The recent clinical information for review includes an MRI report of August 6, 2013 showing disc desiccation from C2 through C7 with multilevel disc bulging with mild stenotic disc findings, but no indication of acute compressive pathology. A September 20, 2013 orthopedic follow-up indicated ongoing complaints of neck pain with radiating left arm pain with physical exam findings showing paraspinous muscle tenderness, equal and symmetrical deep tendon reflexes and no other documented findings. Electrodiagnostic studies were recommended at that time and were performed on October 4, 2013 showing an abnormal study with positive findings of carpal tunnel syndrome, but no acute findings of upper extremity radiculopathy. A December 13, 2013 orthopedic follow-up indicated continued complaints of pain. The claimant's imaging and testing were reviewed at that time and there were objective findings showing motor strength weakness at 4+/5 to the left triceps and left finger extensors. There was also noted to be diminished sensation in a C6 and 7 dermatomal distribution on the left. Based on the claimant's clinical presentation, a three level C4-5, C5-6 and C6-7 anterior cervical discectomy and fusion was recommended given the failed response to conservative care to date that had included therapy, epidural steroid injections, medication management and activity restrictions.

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 C4-5, C5-6, and C6-7:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation ODG, Discectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165,180.

Decision rationale: California ACOEM Guidelines would not support a medical necessity for the requested three level surgical procedure. At present, there is no clinical indication of a radiculopathy on examination and recent electrodiagnostic testing was negative for a radicular process. There is also no documentation of segmental instability. Given the claimant's current clinical presentation the requested surgical intervention would not be supported.

3 DAY HOSPITAL STAY: 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.

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 services are medically necessary.

CERVICAL BRACE: 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.

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.

TENS UNIT: 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.

HOT/COLD THERAPY: 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.

FRONT WHEEL WALKER: 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.

HOME HEALTH NURSE FOR WOUND CHECK/ DRESSING CHANGES FOR 14 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.