

Case Number:	CM13-0072079		
Date Assigned:	01/17/2014	Date of Injury:	02/29/2012
Decision Date:	06/06/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/30/2013

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 New York. 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 patient is a 51-year-old female with the date of injury of February 29, 2012. The patient complains of chronic neck discomfort and pain in the right shoulder. She has had chiropractic care, physical therapy, and medications without significant relief. An MRI the cervical spine from April 2013 shows multilevel disc degeneration with narrowing at the C5-6 and C6-7 levels. There is 2 mm disc bulging at C5-6 and C6-7. There is moderate bilateral foraminal narrowing at C4-5 on the left and C6-7 on the left. The physical examination reveals tenderness of the neck muscles. The Spurling's test is positive and axial compression test is positive. The patient has reduced range of motion. There is numbness at the C5-6 dermatomes. There is a positive Tinel's sign on the left. At issue is whether anterior cervical discectomy and fusion surgery is medically necessary.

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 Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TWC, NECK AND UPPER BACK PROCEDURE SUMMARY (LAST UPDATED 05/14/2013).

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that within the first three (3) months of the onset of potentially work-related acute neck and upper back symptoms, consider surgery only if the following are detected: Severe spinovertebral pathology; or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. A disk herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, shoulder and arm symptoms, and nerve root dysfunction. This patient does not meet establish criteria for a two-level anterior cervical discectomy and fusion surgery. Specifically the physical exam does not document specific radiculopathy that can be correlated to specific compression of nerve root on imaging studies. In addition, the patient does not have any instability documented in the cervical spine. There are also no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Two-level spinal fusion surgery for degenerative conditions of the neck is not likely to relieve chronic neck pain. Criteria for cervical spine surgery are not met. In addition, this patient has documentation of evidence of compression of nerve roots and extremities with a positive Phalen's test and a positive Tinel's sign in the extremities. It remains unclear from the medical records that the patient's symptomatology is definitely from the cervical spine. Cervical spine decompression fusion surgery is not medically needed.

CERVICAL COLLAR: MINERVA MINI COLLAR #1 AND MIAMI J COLLAR WITH THORACIC EXTENSION #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 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 services are medically necessary.

INPATIENT STAY TIMES TWO (2) TO THREE (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.

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.

MEDICAL CLEARANCE: 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.