

Case Number:	CM14-0003494		
Date Assigned:	01/31/2014	Date of Injury:	07/08/2011
Decision Date:	06/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/09/2014

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 54-year-old female who reported an injury on 07/08/2011. The mechanism of injury was not stated. The current diagnoses include cervical discopathy and right C7 radiculopathy with bilateral ulnar neuropathy and median neuropathy at the wrist. The injured worker was evaluated on 11/05/2013. The injured worker reported persistent cervical spine pain, chronic headaches, tension between the shoulder blades, and migraines. Previous conservative treatment includes activity modification, physical therapy, pain management, and a cervical epidural injection. The physical examination revealed tenderness at the cervical paravertebral muscles, painful range of motion, positive axial loading compression testing, positive Spurling's maneuver, and dysesthesia at the C5-7 dermatomes. Treatment recommendations at that time included authorization for a C3-7 anterior cervical microdiscectomy with implantation of hardware and correction of deformity and instability. The injured worker previously underwent an MRI of the cervical spine on 01/28/2013, which indicated multilevel disc desiccation with disc bulge and protrusion causing foraminal stenosis from C3-7. The injured worker also underwent an electrodiagnostic study on 01/04/2013 that indicated chronic right C7 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C7 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF HARDWARE AND CORRECTION AND INSTABILITY PRESENT: Upheld

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

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

Decision rationale: According to the California MTUS/ACOEM Practice Guidelines state referral for surgical consultation is indicated for patients who have severe and disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. Official Disability Guidelines state prior to a discectomy/laminectomy there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling's test. There should also be evidence of motor deficit or reflex changes, or positive EMG findings. An abnormal imaging study must show positive findings that correlate with nerve root involvement. Etiologies of pain such as metabolic sources, nonstructural radiculopathy, and/or peripheral sources should be addressed prior to cervical surgical procedures. There must also be evidence of a failure of at least a 6 to 8 weeks of conservative care. As per the documentation submitted, the injured worker's electrodiagnostic study indicates chronic right C7 radiculopathy. The MRI of the cervical spine obtained on 01/28/2013, also revealed multilevel disc desiccation with bulging and protrusion causing spinal foraminal stenosis at C3-7. The injured worker's physical examination does reveal dysesthesia at the C5-7 dermatomes; however, clinical findings are inconsistent with a C4 nerve root compromise. There is no specific documentation as to which level the artificial disc would be placed. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

2-3 DAY INPATIENT 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, the associated services are medically necessary.

CO-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.

DME: CERVICAL COLLAR MINERVA MIN 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 services are medically necessary.

DME: 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 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.