MAXIMUS Federal Services

Case Number:	CM14-0005086		
Date Assigned:	02/05/2014	Date of Injury:	03/22/2013
Decision Date:	07/07/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 has a subspecialty in Spine Fellowship 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 60-year-old female with a 3/22/13 date of injury. She was lifting a box of soda bottles over her head and had sudden onset neck pain with radiation to the bilateral upper extremities. She has ongoing back and neck pain with radiation to the upper extremities, 7-8/10, as well as headaches. She was seen on 2/3/14 where exam findings revealed neck pain on right rotation and extension greater than 20 degrees. Her right deltoid and biceps were noted to be weak at 4-/5. Sensation was diminished in the right forearm and 1-3rd digits. The right biceps reflex was absent; otherwise reflexes for the lower extremities were equal and symmetric. An MRI from 7/12/13 revealed C4/5 and C5/6 central foraminal stenosis, and a critical stenosis at C5/6 secondary to a disc osteophyte complex (moderate spondylolisthesis). There was little to no neural foraminal narrowing noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C5-6 ANTERIOR CERVICAL DISCECTOMY & FUSION: 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): 180.

Decision rationale: CA MTUS criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, this patient had neurological complaints of radiculopathy form the neck to the upper extremities, and findings on exam were consistent with foraminal stenosis, but not central canal stenosis. The patient's MRI did not reveal any significant foraminal stenosis, but rather canal stenosis at these levels. Thus, a discectomy and fusion are unlikely to resolve this patient's symptoms of radiculopathy. Therefore, the request for C4-5, C5-6 anterior cervical discectomy & fusion was not medically necessary.

FLEX EXTENSION CERVICAL SPINE X-RAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Low Back Chapter, Flexion Extension Imaging Studies.

Decision rationale: ODG states that for spinal instability, flexion/extension imaging may be a criterion prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. The request for flexion extension cervical spine x-rays is not medically necessary.

CERVICAL BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter cervical collar.

Decision rationale: CA MTUS does not specifically address this issue. ODG does not recommend cervical collars for neck sprains, but may be appropriate where post-operative and fracture indications exist. As the request for surgery was not medically necessary, a postoperative neck brace was also not medically necessary.

EXTERNAL BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK CHAPTER, BONE GROWTH STIMULATOR.

Decision rationale: CA MTUS does not specifically address this issue. ODG criteria for bone growth stimulators include certain risk factors for failed fusion, such as multilevel fusion, smoking habit, or previous failed fusion. As the request for surgery was not medically necessary, an external bone growth stimulator was also not medically necessary.