MAXIMUS Federal Services

Case Number:	CM14-0006250		
Date Assigned:	03/03/2014	Date of Injury:	07/23/2007
Decision Date:	08/13/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

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 Minnesota. 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 63-year-old male with a 07/23/2007 date of injury, when he crawled up to clean a machine but while climbing, he slipped and fell landing on his buttocks. 12/31/13 determination was non-certified given that EMG from 12/23/13 revealed no radiculopathy, the most recent imaging revealed minimal findings at C4-5 and there was no documentation of flexion-extension views. As for the chiropractic care, there was no indication of which body part the treatment was requested for. There was also no indication of the utility of a lower extremity electrodiagnostic testing. Records also indicated that flexion/extension views of the cervical spine were certified in December for pre-operative planning. 1/9/14 neurosurgical follow-up identified neck pain and low back pain. There was radicular pain into both arms with numbness, tingling, and weakness. Pain was rated 8-9/10. Cervical spine exam revealed tenderness to palpation, restricted range of motion, and 4/5 weakness of the triceps muscle as well as the left deltoid, biceps, and brachioradialis. Reflexes hypoactive throughout the upper and lower extremities. Sensation diminished over the right triceps and ulnar aspect of the forearm. Lumbar spine revealed tenderness with decreased range to motion and positive SLR. Conservative treatment included physical therapy, acupuncture, and chiropractic treatment, apparently completed 4 sessions of each. The patient has been also managed with medications. 12/23/13 upper extremity electrodiagnostic studies revealed right borderline moderate and left severe median neuropathy across the wrist. There was no indication to suggest cervical radiculopathy. 10/8/13 upper extremities electrodiagnostic studies revealed chronic C6 radiculopathy. 4/8/13 cervical spine MRI report revealed posterior bulges of 3 to 4mm at C4-5, 4-5mm at C6-7, and 2mm at both C7-T1 and C5-6, where there is also 2mm of spondylolisthesis with central canal narrowing that is mild to moderate at C4-5 and mild at C6-7. C5-6 annular fissure. Neural foraminal narrowing which on the left is mild to moderate at C3-4 mild at C4-5 and C5-6, moderate on the left and

moderate to severe on the right at C6-7, and at C7-T1 moderate on the left and mild on the right, which appear caused by uncinated process hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE SURGERY WITH FUSION AT C4-5, C5-6 AND C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

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, ODG states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. The patient identifies subjective findings of cervical pain with radiation to the upper extremities. The objective findings correlate findings at the requested levels. The MRI revealed is mild central canal at C4-5 and mild at C6-7; and neural foraminal narrowing mild at C4-5 and C5-6, moderate on the left and moderate to severe on the right at C6-7. However, there is no clear documentation of the conservative treatment performed beyond medication. A medical report identifies that the patient has completed 4 sessions of several modalities, without clarification if this recent. Furthermore, EDS from October 2013 revealed C6 radiculopathy, yet, when performed in December, there was no radiculopathy identified. It is not clear if the patient was improving in symptomatology. There was also no indication if the certified flexion/extension views were performed, and the results from such. There is minimal evidence of anatomic impingement at C4-5 to include this in the fusion mass. As per the referenced guidelines the procedure is not medically necessary.

CHIROPRACTIC TREATMENT 2 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: Records indicate that patient completed 4 chiropractic sessions. However, there is no indication which body part was treated, if these were recently performed, or if there had been additional chiropractic sessions performed. There was also no indication of functional

goals for the requested visits or which specific body part is intended for treatment (cervical vs. lumbar spine). The medical necessity was not substantiated.

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The most recent medical report provided did not include specific subjective or objective findings for which the requested studies might be indicated. There was no rationale included to support the necessity of these. The medical necessity was not substantiated.

NCS OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The most recent medical report provided did not include specific subjective or objective findings for which the requested studies might be indicated. There was no rationale included to support the necessity of these. The medical necessity was not substantiated.