MAXIMUS Federal Services

Case Number:	CM14-0107251		
Date Assigned:	08/01/2014	Date of Injury:	08/23/2012
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 41-year-old male who reported an injury on 08/23/2012 due to pulling robes from a washer; he felt a strong pain in the right shoulder. Diagnoses were right snapping scapula, mild, right shoulder impingement syndrome, mild, right cervical radiculopathy with C6 weakness, C5-7 disc degeneration/stenosis, right cubital tunnel syndrome. Past treatments were medications, physical therapy, cortisone injections into the shoulder, cervical epidural steroid injections and acupuncture. Diagnostic studies were an MRI of the cervical spine on 04/29/2014 that revealed cervical spondylosis at the C4-5, C5-6 and C6-7 disc showing mild progression since previous study. At the C4-5, a 2.5 mm posterior disc protrusion, at the C5-6 mild degenerative retrolisthesis at the C5 on C6 with 3 mm posterior disc protrusion. There was moderate narrowing of the neural foramen bilaterally. At the C6-7, a 3.5 mm posterior disc protrusion. MRI of the thoracic spine on 04/29/2014 revealed mild thoracic spondylosis involving the T2-3 through T11-12 disc. At the T2-3, a 2 mm central and right paracentral disc protrusion, at the T4-5 a 2 mm central disc protrusion, no significant disc protrusion or spinal stenosis was seen. Surgical history was not reported. The physical examination on 05/12/2014 revealed complaints of daily and constant ongoing neck pain which radiated into the right shoulder down his right arm into the fingers, pain was rated as 7/10 on the pain scale. There were complaints of intermittent and frequent pain in the left hand/fingers which the injured worker rated a 7/10 on the pain scale. The injured worker had an electromyography (EMG) on 04/28/2014 that revealed bilateral carpal tunnel syndrome, mild to moderate in degree. No evidence of cervical radiculopathy, brachial plexopathy, or other peripheral nerve entrapment. Examination of the cervical spine revealed no appreciable swelling or gross atrophy at the paracervical muscles. Upon palpation, there was evidence of tenderness of the paracervical muscles. There was tenderness over the right trapezius musculature. There was tenderness over

the right intrascapular space. Sensory examination revealed decreased sensation over the left C7 dermatome distribution. Range of motion and degrees for flexion of the cervical spine was to 24 degrees, extension was to 26 degrees, left lateral bend was to 26 degrees, right lateral bend was to 26 degrees, left rotation was to 40 degrees, right rotation was to 50 degrees. Reflexes for the biceps on the right was a 2+, left was 2+, triceps on the right was 4+, 2+ on the left, brachial radialis was a 1+ on the right, and a 1+ on the left. Compression test of the cervical spine relieved the injured worker's symptoms. Medications were naproxen 250 mg tablet. Treatment plan was for a surgical fusion. The rationale was submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 hard cervical collar (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The Official Disability Guidelines for cervical collar, postoperative (fusion) is not recommended after a single level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This randomized controlled trial (RCT) found there was also no statistically significant difference in any of the clinical measures between the braced and non-braced group. The SF-36 physical component summary, nephrogenic diabetes insipidus (NDI), neck, and arm pain scores were similar in both groups at all timed intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologist reported higher rates of fusion in the non-braced group over all time periods, but those were not statistically significant. The medical guidelines do not support the use of cervical collars. Also, due to the fact that the cervical discectomy and fusion at the C5-7 is not medically necessary, this request is not medically necessary.

1 soft cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines

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, Cervical Collar, Post Operative (fusion)

Decision rationale: The Official Disability Guidelines for cervical collar, postoperative (fusion) is not recommended after a single level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the braced and non-braced group. The SF-36 physical component summary, NDI, neck, and arm pain scores were similar in both groups at all timed intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologist reported higher rates of fusion in the non-braced group over all time periods, but those were not statistically significant. The medical guidelines do not support the use of cervical collars. Also, due to the fact that the cervical discectomy and fusion at the C5-7 is not medically necessary, this request is not medically necessary.

1 anterior cervical discectomy and fusion at C5-7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The California / ACOEM guidelines states within the first 3 months of onset of potentially work related acute neck and upper back symptoms, consider surgery only if the following are detected, severe spinal vertebral pathology, 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. The injured worker's MRI of the cervical spine revealed a C4-5, C5-6, and C6-7 disc showing mild progression since previous study of 04/14/2013. There was moderate narrowing of neural foramen bilaterally, there was C6-7, a 3.5 mm posterior disc protrusion and C5 on C6 with 3 mm posterior disc protrusion. An EMG on 04/28/2014 revealed no evidence of cervical radiculopathy, brachial plexopathy, or other peripheral nerve entrapment. There was a positive Spurling's test. There was decrease in range of motion on all levels for the cervical spine with reported pain with motion. There was decreased sensory of the left C7 dermatome distribution. There is a lack of physical examination findings to support the injured worker has symptomatic pathology at both levels. Therefore, the request is not medically necessary.

1 bone growth stimulator (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines, no chapter noted

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, Bone Growth Stimulator

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.