

Case Number:	CM14-0107357		
Date Assigned:	08/01/2014	Date of Injury:	01/24/2014
Decision Date:	09/03/2014	UR Denial Date:	07/01/2014
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 Orthopedic Surgery and is licensed to practice in Texas. 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 51 year old male who sustained an injury on 01/24/14 while installing a door. The injured worker was standing striking his head on a door jamb resulting in pain and numbness in the neck and left upper extremity. Prior treatment has included the use of anti-inflammatories as well as chiropractic manipulation. No improvement was gained with this treatment. Magnetic resonance image studies of the cervical spine completed on 04/09/14 noted mild degenerative disc disease with a disc osteophyte complex in conjunction with an unconvertible joint hypertrophy resulting in severe right and mild left foraminal stenosis with likely impingement of the right C7 nerve root. The clinical report from 06/23/14 noted progressing pain in the neck with weakness in the arms, left side worse than right. The injured worker's symptoms had not improved with anti-inflammatories, muscle relaxers or analgesics. Physical examination noted 1-2+ and symmetric reflexes in the upper extremity. There was decreased sensation in a bilateral C7 distribution with weakness noted bilaterally in a C7 myotome. No pathological reflexes were identified. Spurling's sign was more positive to the left than to the right. The requested anterior cervical discectomy and fusion with allograft, interbody cage and anterior cervical plating with an assistant surgeon, hot and cold therapy unit, muscle stimulator, cervical collar and soft cervical collar were all denied by utilization review on 07/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion (ACDF) C6-7 with allograft, interbody cage, and anterior cervical plate: Overturned

Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The injured worker does present with objective evidence regarding a bilateral C7 radiculopathy, left side worse than right. Imaging did note a disc osteophyte complex at C6-7 contributing to foraminal stenosis, more severe to the right side. The injured worker's symptoms have not improved with conservative treatment to include therapy and anti-inflammatories as well as other medications. At this point in time, it is highly unlikely that the injured worker would improve with further conservative treatment due to the extent of the disc osteophyte complex and the injured worker's progressive weakness in the upper extremities. Given the failure of conservative treatment and the objective findings consistent with a bilateral C7 radiculopathy, the requested procedures would be consistent with guideline recommendations and would be medically necessary.

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: In regards to the request for an assistant surgeon, this reviewer would have recommended this request as medically necessary. Due to the complexity of the procedures indicated for this injured worker, a primary surgeon alone would not be able to reasonably complete the procedures to standard of care. This would reasonably require an assistant surgeon and the request was medically necessary.

Hot/Cold therapy unit (off the shelf): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical policy Bulletin: Cryoanalgesia and Therapeutic Cold (http://www.aetna.com/cpb/medical/data/200_299/0297.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Hot/Cold Packs.

Decision rationale: In regards to the request for a hot and cold therapy unit, this reviewer would not have recommended this request as medically necessary. There is no evidence from the literature establishing that postoperative use of hot and cold therapy units is any more beneficial than standard hot and cold packs. Although hot and cold therapy systems are commonly utilized after major joint surgeries for the knee and shoulder, there are no indications for its use in the cervical spine region. Therefore, this reviewer would not have recommended this request as medically necessary.

Muscle stimulator (off the shelf): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices). Decision based on Non-MTUS Citation The Chronic Pain Disorder Medical Treatment Guidelines adopted by the state of Colorado.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

Decision rationale: In regards to the request for the muscle stimulator, this reviewer would not have recommended this request as medically necessary. There is no indication from the literature that postoperative use of muscle stimulation provides any substantial pain relief as compared to standard postoperative pain control methods. As such, this request would not have been medically necessary.

Cervical collar (off the shelf): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 & Upper Back Chapter, Cervical Collar Post-operative.

Decision rationale: In regards to the request for a cervical collar, this reviewer would not have recommended this request as medically necessary. The injured worker is only anticipating a single cervical fusion with anterior plating. There were no substantial fractures or other evidence of instability that would reasonably require a postoperative cervical collar in this case. Therefore, this reviewer would not have recommended this request as medically necessary.

Soft cervical collar (off the shelf): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 & Upper Back Chapter, Cervical Collar Post-operative.

Decision rationale: In regards to the request for a soft cervical collar, this reviewer would not have recommended this request as medically necessary. The injured worker is only anticipating a single cervical fusion with anterior plating. There were no substantial fractures or other evidence of instability that would reasonably require a postoperative cervical collar in this case. Therefore, this reviewer would not have recommended this request as medically necessary.