

Case Number:	CM14-0015911		
Date Assigned:	06/04/2014	Date of Injury:	08/14/2013
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/07/2014

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 55-year-old male with an 8/14/13 date of injury to his neck due to repetitive use. The patient was seen on 2/18/14 for ongoing complaints of pain in the cervical (C) spine, and chronic headaches. Apparently a surgical request was made based on dynamic flexion and extension radiographs of the C spine revealing multilevel spondylosis and moderate to severe instability and denied. Exam findings revealed cervical spasm, positive axial loading compression test, generalized weakness and numbness of the C spine. Symptomatology was noted to extend to the upper extremities. Treatment to date: IM injections, medications, activity modification, HEP. MRI C spine 4/1/14: C4/5: 3-4mm posterior disc extrusion with no antero or retrolisthesis with right exiting nerve root compromise and 4-5mm anterior disc protrusion vs. osteophyte complex; C5/6: 3 mm posterior disc extrusion with no antero or retrolisthesis with right exiting nerve root compromise and a 3-4mm anterior disc protrusion; C6/7: 3 mm posterior disc extrusion with 2mm retrolisthesis and bilateral exiting nerve root compromise. There is a 30% disc height loss at C4/5 and C5/6 and a 30-40% disc height loss at C6/7. The 10/8/13 plain films of the C spine show collapse of the disc space height from C4-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 ANTERIOR CERVICAL MICRODISCECTOMY WITH IMPLANTATION OR HARDWARE AND REALIGNMENT WITH POSSIBLE REDUCTION OF LISTHESIS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8 (Neck And Upper Back Complaints), page 180 and the Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Neck Chapter 8 and the Official Disability Guidelines (ODG), Neck and Upper Back.

Decision rationale: MTUS and ODG do not support surgery for disc herniation in a patient with non-specific symptoms. This patient is noted to have ongoing neck pain with symptoms extending into the upper extremities. What is meant by "symptoms" in this statement is unclear. MTUS requires that cervical surgery be performed in patients with disabling shoulder or arm symptoms. Per ODG the criteria for a discectomy include evidence of radicular pain in the cervical distribution correlating to the involved cervical level. This has not been adequately demonstrated and there have been no descriptions of focal neurologic deficits. There is no discussion regarding a disc replacement. Therefore, the request for C4-C7 anterior cervical microdiscectomy with implantation or hardware and realignment with possible reduction of listhesis is not medically necessary.

INPATIENT STAY, 2-3 DAYS: 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: As medical necessity was not met for the discectomy, the associated request of an inpatient stay was also not medically necessary.

ASSISTANT 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: As medical necessity was not met for the discectomy, the associated request of an assistant surgeon was also not medically necessary.

1 MINERVA MINI COLLAR: 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: As medical necessity was not met for the discectomy, the associated request of a Minerva collar was also not medically necessary.

1 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: As medical necessity was not met for the discectomy, the associated request of Miami J collar was also not 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: As medical necessity was not met for the discectomy, the associated request of medical clearance was also not medically necessary.