

Case Number:	CM14-0132781		
Date Assigned:	09/30/2014	Date of Injury:	09/26/2010
Decision Date:	10/28/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 General Surgery 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 42 year old female was injured 9/26/10. Symptoms primarily involve the right hand and arm but also the thumb and index finger on the left. She has had epidural steroid injections with temporary relief, physical therapy with no benefit, and a MBB and subsequent RF ablation without long-term benefit. MRI 4/30/14 showed C4-5 uncovertebral hypertrophic changes and post facet arthropathy causing mild bilateral exit foramen narrowing unchanged from prior, no central canal stenosis pr central disc herniation. At C5-6 there is disc desiccation with diffuse loss of disc height, uncovertebral hypertrophic changes and post facet arthropathy causing moderate left and mild right exit foraminal narrowing, mild effacement of the anterior CSF space without any flattening of the anterior surface of the cord. There is reversal of the normal cervical lordosis with disc desiccation and loss of disc height with type I modic endplate changes at the C5-6 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-6 ACDF Graft Plate Placement: Upheld

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

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

Decision rationale: As the prior reviewer has noted, there is a difference of opinion between the radiologist and the requesting provider with respect to the interpretation of the radiographic studies. Symptoms involving the hands and fingers, for example, would place the level at C6-8 and the requested fusion is at C4-6. Mention has been made that electrodiagnostic studies of the upper extremities have been done. The report/interpretation of that study would be invaluable if it had been presented here. It has not been presented. Referral for surgical consideration is indicated for patients who have: 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 electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and the long-term. Unresolved radicular symptoms after receiving conservative treatment. The requested authorization must be denied on this basis.

Inpatient Stay for 1 Day: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op Labs CBC, CMP, PT, PTT, UA, EKG and CXR: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Op Neck Brace: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.