

Case Number:	CM14-0132822		
Date Assigned:	08/22/2014	Date of Injury:	07/16/2013
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
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 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 35-year-old male who reported an injury on 07/16/2013. The mechanism of injury was the injured worker was walking up some stairs and rammed into an attic door with his head and was forcefully pushed down and fell to his knees. The prior therapies included physical therapy, acupuncture, activity modification, and medications. Prior studies were noted to include an electrodiagnostic study of the spine and an MRI of the cervical spine. The MRI was on 05/13/2014, which revealed reduced intervertebral disc height at C5-6 and C6-7 with modic type 1 endplate degenerative changes at C5-6 and modic type 2 endplate degenerative changes at C6-7. At C4-5, there was a focal central disc protrusion effacing the thecal sac with narrowing of the left neural foramen that effaced the left C5 exiting nerve root. At C5-6, there was a focal left paracentral disc protrusion with annular tearing indenting the thecal sac and spinal cord with stenosis of the neural foramina bilaterally that effaced the right and encroached the left C6 exiting nerve root. At C6-7, there was a diffuse disc protrusion with left preponderance effacing the thecal sac with stenosis of the left neural foramen that encroached the left C7 exiting nerve root and a grade 1 listhesis of C6 over C7. The prior surgical history was not provided. The documentation of 06/18/2014 revealed the injured worker had complaints of pain in the neck. The injured worker had tenderness to palpation in the cervical spine. The review of the diagnostic studies revealed the injured worker had an EMG/nerve conduction velocity demonstrating a C7-8 chronic radiculopathy and bilateral L4-5 lumbar radiculopathy as well as diffuse sensory polyneuropathy. The diagnosis included cervical disc bulging and stenosis with radiculopathy. The treatment plan included a referral to a physician for the cervical and lumbosacral spine as well as physical therapy. The medications were not specifically provided; however, they were noted to include topicals. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 and C6-7 anterior discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Neck and Upper Back Chapter, Discectomy-Laminectomy-Laminoplasty, Fusion, Anterior Cervical

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have persistent severe and disabling shoulder or arm symptoms with activity limitation for more than 1 month or the extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion has been shown to benefit from surgical repair in both the short and long term along with unresolved radicular symptoms. Additionally, they indicate the efficacy of cervical fusion for injured workers with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review indicated the injured worker had findings upon MRI and per the physician, the injured worker had findings upon electrodiagnostic testing. However, there was a lack of documentation of objective clinical findings, official MRI findings, and official electrodiagnostic testing. Given the above, the request for C5-6 and C6-7 anterior discectomy and fusion is not medically necessary.

Psychologist/Psychiatric evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): 78.

Decision rationale: The California MTUS guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. There was a lack of a documented rationale for the requested service and a lack of documented objective findings. Given the above, the request for a Psychologist/Psychiatric evaluation consultation is not medically necessary.

Pre-operative medical clearance with internist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-181. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back Chapter, Preoperative Testing, General

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Twenty four post operative physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.