MAXIMUS Federal Services

Case Number:	CM14-0134238		
Date Assigned:	08/25/2014	Date of Injury:	07/13/2000
Decision Date:	12/19/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/19/2014

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 Spine Surgeon 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:

The injured worker is a 47-year-old female who reported an injury on 07/13/2000 due to an unknown mechanism. Diagnoses were cervical discopathy with radiculitis, status post revision left carpal tunnel release, status post right carpal tunnel release x1, and electrodiagnostic study evidence of bilateral carpal tunnel syndrome. Past treatments were medications, activity modification, physical therapy, and a cervical epidural block. Physical examination on 06/23/2014 revealed complaints of cervical spine pain with extension that radiated into the upper extremities. The injured worker complained of chronic headaches, tension between the shoulder blades, and migraines. Examination of the cervical spine revealed cervical paravertebral muscles and upper trapezial muscles would spasm. There was a positive axial loading compression test noted. Spurling's maneuver was positive. Range of motion was limited with pain. It was also reported there was dysesthesia at the C5 and C6 dermatomes. Treatment plan was to proceed with cervical microdiscectomy anterior C4 to C7 with implantation of hardware. 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:

Cervical microdiscectomy anterior C4 to C7 with implantation of hardware: 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 Page(s): 180-181.

Decision rationale: The decision for Cervical Microdiscectomy anterior C4 to C7 with implantation of hardware is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS)/ACOEM guidelines referral for surgical consultation 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; and clear clinical, imaging, and electrophysiological evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. Thoroughly discussing the risks, benefits, and realistic expectations of surgery with the patient is warranted. For instance, in one study, patients with radiation of pain to the arm(s) and hand(s) had better relief of pain with surgery than those with neck pain alone. Pre-surgical screening should include consideration of psychological evaluation. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. The official MRI did not reveal any nerve root encroachment, no compromise on the spinal cord. There is no encroachment on the foramina, nerve root or cord. There was no psychological screening. The injured worker did not report disabling shoulder or arm pain. There is a lack of objective evidence of the injured worker's functional status. There was a positive axial loading test (Waddell's test) which is used to detect if a patient is truly experiencing pain and the test was negative for pain. Furthermore, the guidelines state there should be clear clinical, imaging, and electrophysiological evidence, consistently indicating the same lesion. There was no EMG/NCV submitted for review. Given the above, this request is not medically necessary.

Associated surgical service: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Cervical collar:

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.

Associated surgical service: Miami J collar with thoracic extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Associated surgical service: Bone stimulator: 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.

Associated surgical service: Inpatient stay two to three 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.