

Case Number:	CM14-0185567		
Date Assigned:	11/14/2014	Date of Injury:	02/04/2013
Decision Date:	12/31/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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 and is licensed to practice in Minnesota. 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 61 year old female with a history of injury on 2/4/2013 with neck and low back pain, bilateral wrist pain, and tingling and numbness in the upper and lower extremities. A pre-operative MRI scan of the cervical spine revealed multi-level degenerative changes most significant at C5-6 with a right paramedian / lateral bulge resulting in severe right sided neuroforaminal stenosis. The injured worker underwent surgery on 8/7/2013 consisting of anterior cervical discectomy and fusion at C5-6 with osteophyctomy, central neuroforaminal decompression, insertion of an interbody device at C5-6, and anterior cervical instrumentation at C5-6. The documentation indicates persisting symptoms post-operatively despite obtaining a solid fusion. She also complains of migraine headaches, tension between the shoulder blades and low back pain with radicular symptoms in the lower extremities. On 10/7/2014 the neck pain was 7/10, low back pain was 8/10 and bilateral wrist pain 7/10. On exam there was cervical tenderness, spasms, positive axial compression test and Spurling, limited cervical range of motion and tingling and numbness in the upper extremities greatest in the thumb and middle fingers. Xrays revealed a solid fusion at C5-6 and junctional kyphotic deformities at C4-5 and C6-7. A lumbar MRI revealed multi-level degenerative disc disease and neural foraminal stenosis. Post-operative MRI of the cervical spine or electrodiagnostic studies are not available. The disputed issues pertain to a request for removal of the hardware at C5-6 and anterior cervical discectomy and fusion at C4-5 and C6-7. The request was non-certified by UR because of incomplete pre-operative work-up, absence of objective evidence of radiculopathy at the requested levels and clear clinical, imaging, and electrophysiological evidence of a lesion that is known to benefit both in the short and long term from surgical repair. ODG guidelines were cited about routine hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Hardware C5-6 with C4-5 and C6-7 Anterior Cervical Discectomy and Instrumented Fusion: 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) regarding: Hardware removal (fixation) and Official Disability Guidelines (ODG) regarding Indications for Surgery - Discectomy/laminectomy (excluding fractures).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180,183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back Topic: Hardware removal

Decision rationale: California MTUS guidelines recommend surgical considerations for anterior cervical discectomy and fusion in the presence of persisting severe and disabling shoulder and arm symptoms with extreme progression of symptoms, and clear clinical, imaging, and electrophysiologic evidence of radiculopathy consistently indicating the same lesion that has been shown to benefit both in the short and long term from the recommended surgery. The pre-operative work-up does not include imaging and electrophysiologic evidence of such radiculopathy necessitating surgical decompression and fusion. In the absence of the necessity of the above surgical procedure the request for hardware removal is also not necessary per ODG guidelines. Therefore the medical necessity for anterior cervical discectomy and fusion at C4-5 and C6-7 and hardware removal at C5-6 is not established per guidelines. The request is not medically necessary.

Inpatient Stay (x2-3) 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: Since the primary procedure is not medically necessary, none of the associated services are 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: Since the primary procedure is not medically necessary, none of the associated services are 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DME: Cervical Collar Minerva Mini collar #1 (purchase): 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.

DME: Miami J Collar With Thoracic Extension #1 (purchase): 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.

Bilateral Wrists Braces: 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); regarding Splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: Although the clinical information suggests the diagnosis of bilateral carpal tunnel syndrome it is confirmed with nerve conduction studies. The guidelines recommend splinting of the wrists in neutral position particularly at night time. The request for non-specified braces is not supported by guidelines and as such is not medically necessary.