

Case Number:	CM14-0020361		
Date Assigned:	07/25/2014	Date of Injury:	01/16/2012
Decision Date:	10/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 36-year-old female who reported an injury on 01/16/2012. The mechanism of injury was the injured worker slipped on water on the floor in a hospital room that she was cleaning. The injured worker was noted to have an MRI of the cervical spine on 12/12/2013 revealing mild disc height loss with a 2 mm broad-based disc protrusion at C4-5 contributing to mild spinal canal narrowing. There was mild disc height loss with a 2 mm broad-based disc protrusion at C5-6 contributing to a mild spinal canal narrowing. Prior therapies included physical therapy, medications, and activity modifications. Prior surgeries were noncontributory. There was a Request for Authorization submitted for review for the anterior cervical discectomy and fusion. The documentation of 01/09/2014 revealed the injured worker had complaints of neck pain with right upper extremity pain, weakness, numbness, and tingling. The documentation indicated the injured worker was having difficulty taking care of grooming and basic activities of daily living. Upon physical examination, the injured worker had weakness in the right deltoid and biceps at 4/5 with some intermittent muscle fasciculation. The injured worker had weakness in grip to 4/5 on the right. The injured worker had diminished sensation at C4, and C5, and proximal C6 dermatomes. The bilateral Hoffman's sign was present more pronounced on the left. The injured worker's Romberg was not very stable. The physician documented the physician had reviewed the MRI of the cervical spine of 12/12/2013 and opined it showed injury to the discs at C5-6 and C4-5 producing central and right sided foraminal stenosis consistent with the injured worker's presentation. The diagnosis included early cervical myelopathy and right upper extremity radiculopathy. The treatment plan included authorization for an anterior cervical discectomy and fusion at C4-5 and C5-6. The medications were not provided. The official report for the MRI of the cervical spine without contrast dated 12/12/2013 revealed the injured worker had at the level of C4-5, the injured worker had mild disc height loss

with a 2 mm broad-based disc protrusion contributing to mild spinal canal stenosis but the neural foramina were patent. At C5-6, there was mild disc height loss with a 2 mm broad-based disc protrusion contributing to a mild spinal canal narrowing but the neural foramina were patent. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C4-5 and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8 page 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Neck and Upper Back Procedure Summary (updated 12/16/13)

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 limitations 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 that has been shown to benefit from surgical repair in both the short and long term and there should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings at the requested levels and mild spinal canal stenosis at the level of C4-5 and C5-6 per the MRI. There were no electrodiagnostic studies to support the clinical findings upon examination. Given the above, the request for anterior cervical discectomy and fusion at C4-5 and C5-6 is not medically necessary.

Post-op aquatic therapy 3x6 weeks (cervical): 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.

Rigid cervical 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Routine pre-op work up: 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) Treatment in Workers' Compensation (updated 5/10/13), Preoperative lab testing

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.