

Case Number:	CM14-0021320		
Date Assigned:	05/07/2014	Date of Injury:	12/07/2011
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 patient is a female with chronic neck pain radiating to her left extremity. She also has numbness in her hand. The patient is taking medications to include Tylenol with codeine and Tramadol. On physical examination patient is within her range of neck motion, and had tenderness to palpation. The patient received a Spurling maneuver on the left side. The patient has normal motor strength throughout the upper extremities. The sensation is diminished in the left (Cervical) C4, C5 and C6 dermatomes. The patient was otherwise neuro intact. The reflexes are normal in upper and lower extremities. The patient had a magnetic resonance image of the C-spine in August 2013 show degenerative C4-5. An electromyography and the left upper extremity showed chronic C7 and C8 radiculopathy. The patient's diagnosis was C4-5 disc degeneration and left-sided C7 neural foraminal stenosis. At issue is whether surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL COLLAR,SEMI RIGID THERMOPLASTIC FOAM ,TWO PIECE #1:

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.

PROSTIM UNIT WITH SUPPLIES X4: 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.

RE-EVALUATION WITH IN 6 WEEKS: 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.

2 DAY HOSPITAL STAY: 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.

ANTERIOR CERVICAL DISCECTOMY AND FUSION AT C4-5 LEVEL WITH CAGE, ALLOGRAFT AND PLATE: 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), Discectomy/Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 187.

Decision rationale: There is no correlation between physical examination MRI imaging studies showing specific compression of the spinal cord or nerve root that correlates with neurologic

deficit on physical exam. In addition there is no instability fracture or tumor. Spinal decompression fusion surgeries not medically necessary, therefore the request for an ACDF is not medically necessary.

HOME HEATH CARE: 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 OPERATIVE EVALUATION BY REGISTERED NURSE AFTER FIRST 24 HOURS THE PATIENT IS HOME OR DAY AFTER: 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.