

Case Number:	CM14-0035179		
Date Assigned:	07/23/2014	Date of Injury:	02/28/2012
Decision Date:	08/27/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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 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:

Patient has chronic neck pain. Cervical MRI notes 3 mm disc protrusion at C3-4, 2 mm protrusion at C4-5, 2 mm protrusion at C5-6. There is also a 2 mm protrusion at C6-7. Electrodiagnostic studies note bilateral carpal tunnel syndrome and there is no evidence of cervical radiculopathy. Patient had cervical epidural steroid injections from C4-C7. Patient continues to have chronic neck pain. Physical examination notes a positive Spurling sign. There is no evidence of any focal motor sensory reflex changes. At issue is whether cervical surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY C3-4 AND C5-7 ANTERIOR CERVICAL MICRODISCECTOMY WITH IMPLANTATION OF HARDWARE, REDUCTION OF LISTHESIS AND REALIGNMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Neck and Upper Back, Procedure Summary (last updated 12/16/13), Indications for Discectomy/laminectomy (excluding fractures).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186-187. Decision based on Non-MTUS Citation ODG Neck Pain Chapter.

Decision rationale: This patient does not meet establish criteria for cervical spine surgery. Specifically, the patient has a normal neurologic physical examination. Also, electrodiagnostic studies are normal showing no evidence of cervical radiculopathy. Imaging studies do not document any evidence of severe cord compression or instability. Criteria for multilevel cervical spinal fusion surgery not met.

PURCHASE OF MINERVA MIN COLLAR #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.

PURCHASE OF MIAMI J COLLAR WITH THORACIC EXTENSION #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.

PURCHASE OF BONE STIMULATOR #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.

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.

2-3 DAYS OF INPATIENT 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.