

Case Number:	CM14-0055641		
Date Assigned:	08/13/2014	Date of Injury:	07/21/2009
Decision Date:	12/31/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/24/2014

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 Jersey. 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 48-year-old male who reported an injury on 07/21/2009; the mechanism of injury was not provided. On 09/17/2013, the injured worker presented with persistent pain in the neck that radiates to the upper extremities with numbness and tingling. He also stated to have chronic headaches. The injured worker had 2 prior epidural steroid injections for the cervical spine and was still quite symptomatic. Examination of the cervical spine revealed tenderness to the cervical paravertebral muscles and upper trapezial muscles with spasm. There was a positive Spurling's and axial loading compression tests. There was painful and restricted cervical range of motion with dysesthesia at the C5-6 dermatomes. Diagnoses were cervical radiculopathy with radiculitis and carpal tunnel double crush syndrome. The provider recommended a C5-7 anterior cervical discectomy with implantation of hardware. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-7 Anterior cervical discectomy with implantation of hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Disc Prosthesis.

Decision rationale: The request for C5-7 anterior cervical discectomy with implantation of hardware is not medically necessary. The California MTUS/ACOEM Guidelines state that referral for surgical consultation is indicated for injured workers who have persistent severe disabling shoulder or arm symptoms with activity limitation for more than 1 month or with extreme progression of symptoms. There should be 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. There should be unresolved radicular symptoms after receiving conservative treatment. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks, and benefits, and especially expectations is essential. The Official Disability Guidelines state that disc prosthesis is under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine. Comparative studies with anterior cervical fusion yields similar results, expectation of a decrease in adjacent segment disease developing in long term studies remain in question. The documentation submitted for review noted continued symptomology to the cervical spine associated with chronic headaches. There was failed conservative treatment including activity modification, physical therapy, medication management, and epidural steroid injections. There were also symptoms noted in the bilateral arms and hands that are essentially unchanged. Examination of the cervical spine revealed tenderness to the cervical paravertebral muscles and upper trapezial muscles with spasm. There was a positive Spurling's and axial loading compression tests. Examination of the bilateral arms and hands revealed a positive palmar compression test and Phalen's maneuver. There were no electrodiagnostic or imaging studies submitted for review. Although there was radiculopathy documented on physical examination, there are no MRI findings or electrodiagnostic evidence of radiculopathy. The injured worker has signs and symptoms consistent with carpal tunnel syndrome and a diagnosis of carpal tunnel syndrome. The guidelines note that etiologies of pain and metabolic sources or nonstructural radiculopathy, and peripheral sources should be addressed prior to cervical surgical procedures. Moreover, disc prosthesis is under study. The provider noted spinal instability; however, instability is an exclusionary criteria for the proposed implantation of hardware by the guideline recommendations. As such, the medical necessity of this request has not been established.

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.

Minerva mini 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.

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.

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.

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.

Inpatient hospital stay x 2-3 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.

Co-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.