

Case Number:	CM14-0074657		
Date Assigned:	07/16/2014	Date of Injury:	05/28/2013
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/22/2014

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 Spine 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 60-year-old male who reported an injury on 05/28/2013 after a motor vehicle accident. The injured worker reportedly sustained an injury to the cervical spine. The injured worker underwent an MRI of the cervical spine dated 02/24/2014 that documented there was a grade I anterolisthesis of the C3 on the C4 and C4 on the C5, with evidence of moderate disc height loss at the C6-7. The injured worker was evaluated on 06/09/2014. It was documented that the injured worker has pain with therapy. There were no objective clinical findings documented during the examination. It was noted that a cervical decompression and fusion from the C3 to the C7 continued to be recommended. The injured worker's diagnoses included shoulder joint pain, cervical spine spondylosis, cervical herniated discs, lumbar herniated discs, cervical spine spondylosis, cervicgia, sprain/strain of the coracoclavicular ligament, shoulder sprain/rotator cuff strain, cervical myofascial pain/strain, lumbar myofascial pain/strain, and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Decompression and Fusion Cervical 3 - Cervical 7, Posterior Instrumentation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The requested cervical decompression and fusion cervical 3 - cervical 7, posterior instrumentation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion of the cervical spine when there are significant neurological deficits correlating with pathology identified on an imaging study that had failed to respond to conservative treatment. The clinical documentation submitted for review does not clearly indicate that the patient has exhausted all nonoperative conservative treatments prior to surgical intervention. Additionally, there is no documentation of significant neurological deficits or evidence of instability upon examination that would require surgical intervention in the way of fusion surgery. The imaging study does provide evidence that the patient has spondylolisthesis at the C3-4 and C4-5. However, there is no evidence of significant instability or traumatic injury at the C6-7. As such, the requested cervical decompression and fusion cervical 3 - cervical 7, posterior instrumentation is not medically necessary or appropriate.

Cervical Collar, Bone Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute and Chronic).

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 for Surgery: 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); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Neck and Upper Back (Acute and Chronic); Low Back.

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.

Electromyography (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for electromyography (EMG) right upper extremity is not medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who need delineation between radicular symptoms and peripheral nerve impingement. The clinical documentation submitted for review does not clearly identify any physical exam findings that would require electrodiagnostic studies. As such, the requested electromyography (EMG) right upper extremity is not medically necessary and appropriate.

Nerve Conduction Velocity (NCV) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for nerve conduction velocity (NCV) right upper extremity is not medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who need delineation between radicular symptoms and peripheral nerve impingement. The clinical documentation submitted for review does not clearly identify any physical exam findings that would require electrodiagnostic studies. As such, the requested nerve conduction velocity (NCV) right upper extremity is not medically necessary and appropriate.