

Case Number:	CM14-0076633		
Date Assigned:	07/18/2014	Date of Injury:	12/01/2012
Decision Date:	08/25/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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 Neurological Surgery and is licensed to practice in California. 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 50-year-old female who was reportedly injured on December 1, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 28, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a decrease in cervical spine range of motion, a decrease to sensation of the bilateral upper extremities. Motor function was 5/5 throughout both upper extremities, and a slight reduction in the bilateral triceps tendon reflexes was noted. A good strength analysis noted a slight loss of restraint on the left. Diagnostic imaging studies objectified a lumbar disc lesion at L5-S1 and a 4 mm disc herniation at C6-C7 causing a severe canal stenosis and cord compression. Previous treatment included physical therapy, massage therapy, psychiatric treatment, numerous imaging studies, and multiple medications. A request had been made for cervical surgery and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Neck and Upper Back regarding Discectomy-Laminectomy-Laminoplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical and thoracic disorders, clinical measures: surgical considerations (electronically cited).

Decision rationale: As noted in the American College of Occupational and Environmental Medicine guidelines, cervical discectomy with fusion is recommended for patients with subacute or chronic radiculopathy due to ongoing nerve root compression, continuance of significant symptoms and functional limitation. The progress notes reviewed, noted complaints of pain. Findings on magnetic resonance image and the only finding noted on physical examination was a slight decrease of the triceps reflex. When noting the pathology objectified on magnetic resonance image, corroborated by the loss of the triceps reflex and sensory changes into the hands, there was a clinical indication for a cervical discectomy and fusion. This surgical intervention, while addressing ordinary disease of life degenerative changes and not the sequelae of the compensable event, is medically necessary.

Fusion C6-C7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Neck and Upper Back regarding Fusion, Anterior Cervical.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical and thoracic disorders, clinical measures: surgical considerations (electronically cited).

Decision rationale: As noted in the American College of Occupational and Environmental Medicine guidelines, cervical discectomy with fusion is recommended for patients with subacute or chronic radiculopathy due to ongoing nerve root compression, continuance of significant symptoms and functional limitation. The progress notes, reviewed, noted complaints of pain. Findings on magnetic resonance image and the only finding noted on physical examination was a slight decrease of the triceps reflex. When noting the pathology objectified on magnetic resonance image, corroborated by the loss of the triceps reflex and sensory changes into the hands, there was a clinical indication for a cervical discectomy and fusion. This surgical intervention, while addressing ordinary disease of life degenerative changes, and not the sequelae of the compensable event, is medically necessary.

Pre Op Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Merck manual.

Decision rationale: The determination estimated that the cervical spine surgery is medically necessary to treat the ordinary disease of life degenerative changes. When noting the age of the injured employee, a medical clearance for such a surgical intervention is medically necessary.

MRI C Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical & thoracic spine, diagnostic interventions (electronically cited).

Decision rationale: A recent magnetic resonance image of the cervical spine has been completed and has objectified the surgical lesion. There was no data presented to suggest a medical necessity to repeat this magnetic resonance image. Therefore, the request is not medically necessary.

MRI LS Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: A recent magnetic resonance image lumbar spine been completed, reviewed, and the pathology noted. The data presented in the progress notes does not support any clinical indication for repeating the study. Therefore, the request is not medically necessary.