

Case Number:	CM14-0081186		
Date Assigned:	07/18/2014	Date of Injury:	02/07/2012
Decision Date:	08/26/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

27/13 note indicates neurodiagnostic studies from 10/8/12 revealed left carpal tunnel syndrome. The insured reports severe constant pain in the neck which radiates into the trapezius and shoulder and down the left arm. There is dense numbness in the hand. Turning the head to the left causes severe pain the left arm. 1/31/13 MRI of the cervical spine is reported as C5-6 disc protrusion resulting in moderate left foraminal stenosis. ESI was recommended. 5/8/14 PR-2 notes the insured had 2 ESI in the cervical level with short term relief. The insured notes constant left arm pain radiating from the neck. It radiates to the biceps and dorsal forearm. Examination notes restricted ROM of the cervical spine. There is decreased light touch in the left radial hand. Biceps reflex is 2+ on right and trace on the left. Care has included to date activity restrictions, anti-inflammatory and analgesic medications, physical therapy, and ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Anterior Cervical Discectomy and Total disc Arthroplasty: C5-C6 (05/19/2014 - 09/16/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Surgery-Discectomy/ Laminectomy, Neck and Upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery -- Discectomy/Laminectomy (excluding fractures): Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. (Washington, 2004) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention.

Decision rationale: The medical records support the insured has radicular pain and radiculopathy by examination (sensory changes and decreased reflex) that correlate with the level of foraminal stenosis noted by MRI. The insured has been treated with conservative therapy for greater than 8 weeks and has not responded. As such Official Disability Guidelines (ODG) supports the treatment of discectomy for the insured.

1 Vista Cervical Collar (05/19/2014 - 09/16/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cervical collars are frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck, where it is essential that an appropriately sized brace be selected that properly fits the patient. This study demonstrates how increasing the height of an orthosis provides greater restriction of ROM but may also force the neck into relative extension. Because functional ROM was affected to a lesser degree than full, active cervical motion, any changes in collar height may not be as clinically relevant for other patients such as those who have undergone operations for degenerative disease.

Decision rationale: Cervical collar is supported post-surgery of discectomy without plate.

1 Vascotherm Cold Compression Unit (05/19/2014 - 09/16/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, continuous flow cryotherapy. Other Guidelines, Not recommended in the neck. A recommended option after shoulder surgery.

Decision rationale: Cold compression unit as a form of cryotherapy is not supported after cervical discectomy surgery. The medical records do not indicate findings supporting of extenuating circumstances to support this treatment for the insured.

Preoperative Medical Clearance (05/19/2014 - 09/16/2014): 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 Non-MTUS Official Disability Guidelines (ODG) Neck, Discectomy, Official Disability Guidelines, Indications for Surgery, Discectomy/Laminectomy.

Decision rationale: Surgery of discectomy is supported and the insured requires preoperative medical clearance to proceed.