

Case Number:	CM14-0085796		
Date Assigned:	08/08/2014	Date of Injury:	01/16/2013
Decision Date:	09/11/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 37-year-old male who had a work related injury on 01/16/13. There was no documentation of mechanism of injury. Most recent clinical note submitted for review was dated 06/09/14. The injured worker was in constant pain in the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder. The pain was characterized as sharp. There was radiation into the shoulder into the upper extremities. There were associated headaches that were migraines in nature and tension between shoulder blades and pain was worsening scoring 8/10. Constant low back pain aggravated by bending, lifting, twisting, pushing, and pulling, prolonged sitting and standing, and walking multiple blocks. Physical examination; the injured worker was well nourished, well developed male no acute distress. The injured worker was oriented to person place and time. Gait was intact. Cervical examination; there was palpable paravertebral muscle tenderness with spasm. Positive axial loading compression test, Spurling maneuver was positive, range of motion was limited with pain. No clinical evidence of instability on exam. Sensation and strength, numbness and tingling into the lateral forearm and hand, greatest over thumb and middle finger correlating with C6 and C7 dermatomal pattern. There was 4/5 strength in the wrist extensors flexors and biceps, triceps, and finger extensors, C6 and C7 and enervated muscles. Triceps reflexes were asymmetric. Electrodiagnostic studies dated 04/03/13 showed mild bilateral carpal tunnel syndrome. There was no evidence of cervical radiculopathy, brachioplexopathy, or peripheral nerve entrapment. New magnetic resonance image revealed C6-7 disc herniation measuring 3mm with functional kyphotic deformity. Prior utilization review on 05/21/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Anterior Cervical Microdiscectomy with Implantation of Hardware and possible Reduction of Listhesis: 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-TWC Neck & Upper Back Complaints, page 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

Decision rationale: The request for C6-7 anterior cervical microdiscectomy with Implantation of Hardware and possible reduction of listhesis is not medically necessary. The clinical documentation does not discuss what type of hardware to be implanted. As such, medical necessity has not been established.

Cervical Collar: Minerva Mini Collar #1 and Miami J Collar with Thoracic Extension #1 purchase: Upheld

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 Official Disability Guidelines (ODG) Neck chapter, Cervical collar, post operative (fusion).

Decision rationale: The request for Cervical Collar: Minerva Mini Collar #1 and Miami J Collar with Thoracic Extension #1 purchase is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

Bone Stimulator purchase: Upheld

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 Official Disability Guidelines (ODG) Neck chapter, Bone growth stimulator.

Decision rationale: The request for Bone Stimulator purchase is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Preoperative testing, general.

Decision rationale: The request for Medical Clearance is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

Inpatient Stay for 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, length of stay.

Decision rationale: The request for Inpatient Stay for 2-3 days is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Surgical assistant.

Decision rationale: The request for Co-Surgeon is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.