

Case Number:	CM14-0087766		
Date Assigned:	07/23/2014	Date of Injury:	07/18/2012
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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 female who reported an injury on 07/18/2012. The mechanism of injury was not specifically stated. Current diagnoses include cervical discopathy, bilateral carpal tunnel syndrome/double crush, left De Quervain's tenosynovitis, and left thumb tenosynovitis. The injured worker was evaluated on 04/07/2014 with complaints of ongoing cervical spine pain with headaches. It is noted that the injured worker has failed all conservative treatment including activity modification, physical therapy, pain management, and a lumbar epidural steroid injection. Physical examination of the cervical spine revealed tenderness of the cervical paravertebral muscles and upper trapezial muscles, spasm, positive axial loading compressing testing, positive Spurling's maneuver, painful and restricted cervical range of motion, dysesthesia at the C5-6 dermatome, and diminished strength in the upper extremities. Treatment recommendations included a C4 to C6 anterior cervical microdiscectomy with implantation of hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 to C6 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. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck and Upper Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent and severe shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state prior to a discectomy, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level. There should also be evidence of motor deficit, reflex changes, or positive EMG findings. Abnormal imaging studies must indicate positive findings that correlate with nerve involvement. There should also be evidence of a failure of at least 6 to 8 weeks of conservative treatment. As per the documentation submitted, the injured worker does demonstrate radiculopathy and motor deficit upon physical examination. There is documentation of a failure of conservative treatment. However, there were no imaging studies or electrodiagnostic reports submitted for this review. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not 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.

Minerva 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.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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.

2-3 days inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Upper Back and Neck Procedure Summary.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary.

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.