

Case Number:	CM14-0108051		
Date Assigned:	12/05/2014	Date of Injury:	05/10/2012
Decision Date:	01/13/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 Spine Surgeon 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 56-year-old female who reported an injury on 05/10/2012. Her diagnoses included cervical discopathy, status post bilateral carpal tunnel release surgery, left medial epicondylitis and cubital tunnel syndrome. The previous treatments included physical therapy, acupuncture and chiropractic sessions. Diagnostic testing included an MRI of the cervical spine dated 03/03/2014, which revealed a 2 mm left paracentral posterior disc protrusion at C2-3 level causing pressure over the anterior aspect of the thecal sac, mild to moderate degree of central stenosis at C3-4 level, central stenosis at C4-5 secondary to a 3 mm broad based posterior disc protrusion. On 05/08/2014, it was reported the injured worker complained of chronic headaches, tension between her shoulder blades and migraines. The physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. Axial loading, compression test and Spurling's maneuver were positive. The injured worker had painful and restricted cervical range of motion. The provider noted grade 4 diminished sensation in the lateral forearm and hand in C6 and C7 dermatomal pattern. The provider noted the MRI showed some instability that had been noted with junctional kyphotic deformity. The provider requested a C3-7 anterior cervical microdiscectomy with implantation of hardware and realignment of junctional kyphotic deformity with possible reduction of listhesis, due to failure of conservative therapy with no functional improvement. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C7 anterior cervical microdiscectomy with implantation of hardware and realignment of junctional kyphotic deformity with possible reduction of listhesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Indications for Surgery - Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nek & Upper Back, Fusion, anterior cervical

Decision rationale: The request for C3-7 anterior cervical microdiscectomy with implantation of hardware and realignment of junctional kyphotic deformity with possible reduction of listhesis is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical consultation is recommended within the first 3 months of onset only if the following are detected: Severe spinal vertebral pathology, severe debilitating symptoms and those who have activity limitations for more than 1 month, clear clinical, imaging and electrophysiological evidence. In addition, the guidelines note percutaneous discectomy, microdiscectomy with decompression is not recommended for all acute, subacute and chronic cervical or thoracic spine disorders due to the effectiveness of the procedure, which has not been demonstrated. In addition, the Official Disability Guidelines note criteria for cervical fusion include: Acute traumatic spinal injury resulting in cervical spinal instability; osteomyelitis (bone infection) resulting in vertebral body destruction; primary or metastatic bone tumor resulting in fracture, instability, or spinal cord compression; MRI or CT showing cervical root compression resulting in severe or profound weakness of the extremities; clumsiness of hands, urinary urgency, new onset bowel or bladder incontinence; persistent symptoms that correlate with physical examination including positive progressive radicular pain or weakness secondary to nerve root compression; active pain management with pharmacotherapy that address neuropathic and other pain sources; medical management with oral steroids; physical therapy documentation participation in formal or active program; significant functional limitations resulting in inability or significantly decreased ability to performed normal daily activities. The guidelines note with multilevel degeneration limiting to no more than 3 levels. The clinical documentation submitted indicated the injured worker continues with symptoms of pain despite treatment with conservative therapy to include acupuncture, physical therapy and chiropractic sessions with medication. Imaging studies submitted indicated the patient had cord compression and neural compromise at level C4-7, and lesser extent at level C3-4. However, there is lack of significant clinical documentation of clumsiness of hands, urinary urgency and new onset bowel or bladder incontinence. There is lack of documentation indicating the provided suspected the injured worker to have a fracture or dislocation or bone infection resulting in vertebral body destruction or cervical spine instability. Additionally, the number of levels requested exceeds the guidelines recommendation. Therefore, the request is not medically necessary.

DME (unspecified): 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) Knee & Leg, Durable Medical Equipment

Decision rationale: As the primary service is not supported, this associated service is also not supported. The request submitted failed to indicate the specific type of DME to be provided. Therefore, the request is not medically necessary.

Post operative medication (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Opioids, dosing Page(s): 77-78, 86.

Decision rationale: As the primary service is not supported, this associated service is also not supported. The request submitted failed to indicate the specific type of postoperative medication to be administered to the injured worker. Therefore, the request is not medically necessary.