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| Case Number: | CM14-0176861 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 05/10/2011 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/24/2014 |

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 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 56-year-old male who reported an injury on 05/10/2011. The mechanism of injury was not documented within the clinical records. The diagnoses included degeneration of cervical intervertebral disc and cervical radiculitis. The past treatments included cervical epidural steroid injections and activity modification. The official MRI performed on 07/15/2011 revealed broad based left posterior intraforaminal disc protrusion at the C5-6 level. There was no surgical history documented within the clinical note. The subjective complaints on 08/14/2014 included neck pain and left shoulder pain. The physical examination noted restricted range of motion in the cervical spine. There was tenderness to palpation in the trapezial area. The motor strength was rated 5/5 in the bilateral upper extremities. The sensory exam noted that the sensation to the left upper extremity was diminished over the C5 and C6 dermatomes. The medications were noted to include Norco and naproxen. The treatment plan was not documented within the clinical notes. A request was received for C4 to C7 cervical microdiscectomy, 2 to 3 days' inpatient stay, Minerva mini collar, Miami J collar, medical clearance with an internist, and a co-surgeon. The rationale for the request was not documented within the clinical records. The Request for Authorization Form was dated 10/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 to C7 interior cervical microdiscectomy with implantation of hardware and realignment of junctional kyphotic deformity back to lordosis with reduction of any listhesis that is present: 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 (ODG), Neck and Upper Back Procedure, Criteria for anterior cervical discectomy and fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Discectomy-laminectomy-laminoplasty.

Decision rationale: The request for C4 to C7 anterior cervical microdiscectomy with implantation of hardware and realignment of junctional kyphotic deformity back to lordosis with reduction of any listhesis that is present is not medically necessary. The Official Disability Guidelines state the criteria for discectomy are as follows: there must be evidence of radicular pain or sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling's test; there should be evidence of motor deficits, reflex changes, or positive EMG findings that correlate with the cervical level; abnormal imaging, CT/myelogram, and/or MRI study showing positive findings that correlate with nerve root involvement that is found with the previous objective physical or diagnostic findings; there must be evidence that the patient has received and failed at least 6 to 8 weeks of conservative care. There was a lack of documentation regarding a positive Spurling's test in the physical examination or pain and sensory symptoms specifically in the C4 through C7 distribution. Additionally, there was no EMG to corroborate the physical examination findings. Furthermore, it is not clear if the patient has tried and failed at least 6 to 8 weeks of conservative care. In the absence of the above information, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical service: 2-3 days inpatient stay: 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.

Associated surgical service: 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.

Associated surgical service: Miami 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.

Associated surgical service: Medical clearance with an internist: 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.

Associated surgical service: 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 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.