

Case Number:	CM14-0177865		
Date Assigned:	10/31/2014	Date of Injury:	10/13/2012
Decision Date:	03/24/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 43-year-old male who reported injuries due to a motor vehicle accident on 10/13/2012. On 08/28/2014, his diagnoses included cervical/lumbar discopathy. His complaints included constant pain in the cervical spine, which was aggravated by repetitive motions of the neck, with associated migrainous type headaches rated 9/10. Upon inspection, there was paravertebral muscle tenderness with spasms. There was a positive axial loading compression test and Spurling's maneuver. His range of motion was limited with pain. There was a tingling and numbness noted into the lateral forearm and hand which correlated with the C6 dermatome. Laterality was not specified. He had 3+ strength in the wrist extensors and biceps. He had participated in various modalities of conservative care including physical therapy, medications, chiropractic and acupuncture. An MRI of the cervical spine from 02/14/2013 revealed a 2 mm left lateral protrusion/subligamentous extrusion at C5-6 which partially attenuated the distal left C5 lateral recess with minimal left foraminal stenosis. There was no central canal stenosis. An x-ray of the cervical spine on 08/29/2012 revealed that the cervical vertebral bodies were normal in height with normal alignment. There was no fracture and no significant degenerative changes noted. The heights were well preserved. There was no significant soft tissue abnormality. A second set of x-rays of the cervical spine on 12/07/2012 was essentially the same as the previous one. A report of x-rays from 01/24/2013 confirmed fairly significant spondylosis at C5-6. The rationale for the requested surgery was due to having taken into consideration the patient's subjective complaints, the physician's objective findings, as

well as the diagnostic studies available. A Request for Authorization dated 09/19/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: C5-C6 anterior Cervical Discectomy and Rigid Fusion, with 2-3 Days of Inpatient Stay, and Co-Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Neck & Upper Back Procedure Summary

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, Fusion, anterior cervical, Hospital Length of Stay. Low Back Chapter, Surgical Assistant.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling 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 recommend anterior cervical fusion for spondylotic radiculopathy when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. While it is noted that the injured worker has exhausted conservative treatment, there was no documentation of spinal instability upon flexion and extension view radiographs. There were no imaging studies provided for this review. Given the above, the request is not medically appropriate.

Associated surgical service: Purchase of Minerva Mini Collar #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Table 8-5, Page 174

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: Purchase of Miami J Collar w/ Thoracic extension #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Table 8-5, Page 174

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: purchase of Bone Stimulator: Upheld

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

Associated surgical service: Medical clearance with an Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Procedure Summary: Criteria for Preoperative lab Testing

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.