

Case Number:	CM14-0206884		
Date Assigned:	12/16/2014	Date of Injury:	01/20/1993
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 Spine Surgery 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 67-year-old male who reported an injury on 01/20/1993. The mechanism of injury was not submitted for review. The injured worker has a diagnoses of L2-3 and L3-4 moderately severe stenosis, L3-4 grade 2 spondylolisthesis, neurogenic claudication and status post L4-5 laminectomy and fusion. Past medical treatment consists of surgery, therapy and medication therapy. No medications were submitted for review. The injured worker underwent anterior cervical fusion at C5-6 level with decompression of the left C6 nerve root on 11/16/1994. The injured worker also underwent L4-5 laminectomy and fusion. On 09/18/2014, the injured worker underwent an MRI of the lumbar spine which indicated spinal stenosis without neurogenic claudication. The vertebra body heights were preserved. There was no evidence of subluxation. Normal cervical lordosis was present. The paravertebral soft tissues were not thickened. At C3-4 disc level had demonstrated a 5 mm broad based disc osteophyte complex with moderate to large unconvertrebral joint osteophytes and ligamentum flavum buckling contributing to moderate to severe spinal canal stenosis and to severe bilateral foraminal narrowing. On 09/26/2014, the injured worker complained of neck pain. The injured worker stated that the pain radiated to the right shoulder and upper arm which he rated at a 3/10 on VAS with medication and 4/10 to 5/10 without medication. Physical examination of the cervical spine revealed tenderness to palpation over the bilateral cervical paraspinal musculature, over the bilateral trapezius, bilateral interscapular space and base of the skull and base of the neck. Decreased sensation over the left C7, C8 and T1 dermatome distribution. Range of motion revealed a flexion of 25 degrees, extension of 5 degrees, left lateral bend at 15 degrees, right lateral bend of 20 degrees, left rotation of 25 degrees and right rotation of 35 degrees. Motor strength revealed a shoulder abduction of 5/5 bilaterally, elbow flexion 5/5 bilaterally, elbow extension 4/5 bilaterally, wrist extension 5/5 bilaterally, wrist flexion 5/5 bilaterally,

finger abduction 5/5 bilaterally and thumb adduction 4/5 bilaterally. Reflexes were 1+ bilaterally. Medical treatment plan is for the injured worker to undergo C3-4 partial corpectomy with cage and instrumentation of the cervical spine. The provider feels due to spinal cord compression at C3-4 the safest thing would be to fix prior to operating on his low back. The Request for Authorization form was submitted on 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4 partial corpectomy with cage and instrumentation for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Corpectomy & Stabilization; Collars (cervical), Continuous flow cryotherapy; Knee and Leg, Compression garments

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-181.

Decision rationale: The request for C3-4 partial corpectomy with cage and instrumentation for the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines recommend for surgical considerations that there be evidence of severe spinal vertebral pathology, severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies, activity limitation for more than 1 month or extreme progression of symptoms, unresolved radicular symptoms after receiving conservative treatments, and there should also be evidence of psychological evaluation prior to referral for surgery. The submitted documentation indicated that the injured worker complained of neck pain that radiated into the right shoulder which they rated at a 3/10 with medication and 4/10 to 5/10 without. Physical examination revealed tenderness to palpation over the bilateral cervical paraspinal musculature. It was also noted that there was decreased sensation over the C7, C8 and T1. However, there was no indication of the injured worker having trialed and failed conservative treatment to include physical therapy and/or medications. It was noted that the injured worker had less pain with medication, but there was no indication of what medications the injured worker was on or how long. Furthermore, there was no indication of activity limitation. Additionally, physical examination findings stated that there was decreased sensation over the C7, C8 and T1 dermatome, there was no indication of any decreased sensation at C3-4. There was also no submitted documentation showing that the injured worker had undergone psychological evaluation. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.

Associated surgical services: purchase of post-op hard cervical collar: 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 med necessary, none of the associated services are medically necessary.

Associated surgical services 30 day rental of pneumatic intermittent compression device for cervical spine post-op: 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 med necessary, none of the associated services are medically necessary.

Associated surgical services 30 day rental of cold therapy for cervical spine unit post-op: 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 med necessary, none of the associated services are medically necessary.

Associated surgical services: purchase of post-op soft cervical collar: 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 med necessary, none of the associated services are medically necessary.