

Case Number:	CM15-0002232		
Date Assigned:	02/17/2015	Date of Injury:	11/30/2009
Decision Date:	04/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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 60-year-old male who reported an injury on 11/30/2009. The mechanism of injury was not provided. The diagnoses provided included disc herniations, C5-6 and C6-7, with foraminal stenosis; disc herniation C4-5 with abutment of spinal cord and myelomalacia; bilateral upper extremity radiculopathy; disc herniation, L4-5 and L5-S1; grade 1 anterolisthesis of L5 on S1; disc herniation, L5-4 and L5-S1, with bilateral foraminal stenosis at L5-S1; bilateral L5 and S1 radiculopathy. Past treatments included medical consultation, medications, physical therapy, pain management, injection therapy, and diagnostic studies. An unofficial MRI of the cervical spine dated 04/08/2013 revealed a 1 mm central disc bulge at C3-4 with annular fissure; a 2 to 3 mm right inferior disc bulge at C4-5 abutting the thecal sac; a 3 to 4 mm right paracentral disc osteophyte complex at C5-6 with disc desiccation, disc narrowing, mild right uncovertebral neural foraminal narrowing; a 4 to 5 mm broad based disc osteophyte complex at C-7 with moderate early severe disc space narrowing, endplate changes, moderate bilateral uncovertebral hypertrophic neural foraminal narrowing. It was noted the injured worker was not a surgical candidate. The injured worker had complaints of ongoing pain and stiffness to the cervical spine radiating down the arms. Upon examination of the cervical spine, there was tenderness to palpation over the paraspinous region, with spasm present. Range of motion was limited with flexion to 30 degrees, extension to 40 degrees, right lateral bending to 10 degrees, left lateral bending to 10 degrees, right rotation to 40 degrees, and left rotation to 40 degrees. The cervical compression and distraction tests were negative. The foraminal compression test was negative. Muscle motor strength was 5/5 throughout the bilateral upper extremities. Sensation was intact

in the C4, C5 and C6 dermatomal distributions. Medications were not provided. The physician recommended the injured worker undergo an MRI of the cervical spine, an anterior cervical discectomy and fusion at C4-5, C5-6, C6-7 with posterior laminectomy and spinal fusion with preoperative clearance, spine internal medicine specialist, and lab work, chest x-ray, EKG, 2 to 3 day hospital stay, use of a bone stimulator, 2 piece hard cervical collar, soft cervical collar, Cold Therapy Unit, 2 weeks of home health care, and 18 to 24 visits of postoperative physical therapy. The physician indicated the MRI for the cervical spine was to assess the injured worker's current anatomy and pathology, as it had been 18 months since the previous MRI of the cervical spine. The DWC Form RFA dated 12/10/2014 it indicated an MRI of the cervical spine was requested, 2 piece hard cervical collar, anterior cervical discectomy and fusion at C4-5 and C6-7 with posterior laminectomy and spinal fusion, 2 to 3 day stay for the cervical spine, bone stimulator for the cervical spine, soft collar for the cervical spine, Cold Therapy Unit for the cervical spine, postoperative physical therapy 18 to 24 visits for the cervical spine, and home health for 2 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, Magnetic resonance imaging (MRI).

Decision rationale: The request for magnetic resonance imaging (MRI) for the cervical spine is non-certified. The records submitted for review failed to include documentation of significant objective neurological deficits such as decreased muscle motor strength or decreased sensation. Furthermore, there was a lack of documentation of a significant change in symptoms and/or findings suggestive of significant pathologies such as tumor, infection, fracture, neural compression, or recurrent disc herniation. Given the above, the request is not medically necessary.

Associated surgical services: Two piece hard cervical collar for cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Anterior cervical discectomy and fusion at c4-5 and c6-7 with posterior laminectomy and spinal fusion 2-3 day stay for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

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, Fusion, anterior cervical.

Decision rationale: The request for anterior cervical discectomy and fusion at C4-5 and C6-7 with posterior laminectomy and spinal fusion 2 to 3 day stay for cervical spine is non-certified. There was lack of documentation of significant neurological deficits such as decreased muscle motor strength and decreased sensation in a specific dermatomal distribution. There was lack of documentation of cervical spine instability. Given the above, the request is not medically necessary.

Associated surgical services: Bone stimulator for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 services: Soft cervical collar for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 services: Cold therapy unit for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Post-operative physical therapy 18-24 visits for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 services: Home health for two weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.