

Case Number:	CM15-0101659		
Date Assigned:	06/04/2015	Date of Injury:	09/07/2010
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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: New York
 Certification(s)/Specialty: Neurological 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 49 year old female, who sustained an industrial injury on September 7, 2010. She reported attempted to lift a 50 pound box when she experienced a sharp pain to her wrists and shoulders. The following day, the same box fell with some of the contents falling onto her neck and right trapezial area with increased pain in the cervical spine with radiation to the shoulders. The injured worker was diagnosed as having lumbar discopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, and cervical discopathy. Treatment to date has included x-rays, MRIs, physical therapy, cervical epidural injections, electromyography (EMG)/nerve conduction study (NCS), and medication. Currently, the injured worker complains of constant severe pain in the cervical spine with radiation into the upper extremities and associated headaches that are migrainous in nature as well as tension between the shoulder blades, constant severe pain in the low back with radiation into the lower extremities, intermittent bilateral shoulder pain, and frequent pain in the bilateral wrists. The Primary Treating Physician's report dated March 30, 2015, noted the injured worker reported her cervical spine and low back pain unchanged, both rated an 8 on a scale of 1 to 10. The cervical spine examination was noted to show palpable paravertebral muscle tenderness with spasm, a positive axial loading compression test, range of motion (ROM) limited with pain, and tingling and numbness into the left anterolateral shoulder and arm and lateral forearm and hand which correlated with a C5-C6 dermatomal pattern. A MRI dated march 7, 2015, was noted to show moderate deterioration of the discs at C4-C5, C5-C6, and C6-T1 with 4mm protrusions at both levels and evidence of moderate central canal stenosis, with the disc bulge at C5-C6 resulting in

moderate effacement of the thecal sac. The injured worker was noted to be scheduled for a lumbar posterior interbody fusion on July 10, 2015. The injured worker was noted to have cervical spine problems, with two years of conservative therapy without lasting relief of symptoms. The Physician noted the injured worker was a surgical candidate for her cervical spine with the injured worker wishing to proceed with surgery. The treatment plan was noted to include requests for authorization for a C4 through C6 anterior cervical discectomy and rigid fusion, durable medical equipment, postoperative medication, and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C6 anterior cervical discectomy and rigid fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not contain this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested Treatment: C4-C6 anterior cervical discectomy and rigid fusion is NOT Medically necessary and appropriate.

Associated surgical service: Assistant 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.

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 purchase: 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: Bone stimulator: 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: 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.