

Case Number:	CM15-0031880		
Date Assigned:	02/25/2015	Date of Injury:	09/17/2012
Decision Date:	05/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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: California

Certification(s)/Specialty: Pediatrics, 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 40-year-old male who reported an injury on 09/17/2012. The injured worker was reportedly working for the [REDACTED] when he was punched in the face by an inmate causing injury to the facial bones. The current diagnoses include ulnar neuropathy, temporal mandibular joint disorder, post-concussion syndrome, ulnar nerve lesion, left shoulder pain, neck pain, narcolepsy, closed head injury, vestibulopathy, memory loss, headache, anxiety and depression. The injured worker presented on 12/18/2014 for a follow-up evaluation with complaints of neck and left upper arm pain. The injured worker also reported bilateral numbness in the 4th and 5th fingers. The current medication regimen includes ibuprofen 800 mg, Seroquel 100 mg, Zanaflex 2 mg and alprazolam ER 2 mg. Upon examination, there was decreased sensation in the 4th and 5th fingers of the bilateral hands, worse on the right. Deep tendon reflexes were decreased in the left bicep. Motor examination was grossly normal. Recommendations at that time included a C5-6 anterior cervical discectomy and fusion with instrumentation. A Request for Authorization form was then submitted on 01/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical C5-6 discectomy, fusion, instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: 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. In this case, there were no official imaging studies provided for review. There was no mention of a recent exhaustion of conservative management prior to the request for a surgical procedure. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. There was also no documentation of spinal instability upon flexion and extension view radiographs; therefore, the injured worker does not meet criteria as outlined by the abovementioned guidelines. Given the above, the request is not medically appropriate at this time.

Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Medtronic-Venture Cervical Plate: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

SSEP/Baer Monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Left ulnar nerve decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 238-239.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.