

Case Number:	CM15-0033208		
Date Assigned:	03/04/2015	Date of Injury:	05/06/2010
Decision Date:	05/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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: Oregon, California
 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 reported an injury on 05/06/2010. The mechanism of injury was the injured worker stepped into a hole and fell. The submitted documentation indicated the injured worker underwent an MRI of the cervical spine on 01/16/2012 per a prior review indicated the injured worker had a 1-2 mm broad central protrusion at the C5-C6 level indenting the thecal sac and causing mild spinal canal stenosis. The most recent documentation was dated 01/28/2015, which revealed the injured worker had cramping and numbness sensations in the neck. There was weakness of the bilateral upper and lower extremities. The diagnoses included cervical spine sprain and strain and cervical disc displacement along with radicular syndrome of the upper limbs. The treatment plan included electrodiagnostic testing in the upper and lower extremity to assess for radiculopathy versus neuropathy; bilaterally medial branch blocks at L4-5 and L5-S1; and epidural steroid injection of the cervical spine at C4-5; a subacromial decompression injection for the left shoulder; and a re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy with plating at C4-C5 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck & Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review failed to provide objective findings upon examination. The official MRI was not provided for review. There was a lack of documentation of a failure of conservative care as conservative care was not provided. Additionally, there was no electrophysiologic evidence to support the necessity for surgical intervention. The documentation indicated the injured worker had a positive cervical compression test. However, there were no specific myotomal and dermatomal findings. Given the above, the request for an anterior cervical discectomy with plating at C4-5 levels is not medically necessary.

Platelet-rich plasma injections to left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th edition (web), 2014, Shoulder, Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Platelet-rich plasma (PRP).

Decision rationale: The Official Disability Guidelines indicate that platelet rich plasma is under study as a solo treatment. There was a lack of documentation requesting the injections. The request as submitted failed to indicate the quantity and the frequency. Given the above, the request for platelet rich plasma injections to the left shoulder is not medically necessary.