

Case Number:	CM15-0036489		
Date Assigned:	03/05/2015	Date of Injury:	03/08/2013
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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 52-year-old female who reported injury on 03/08/2013. The mechanism of injury was repetitive injury. The injured worker underwent an MRI of the cervical spine on 04/15/2013, which revealed multilevel discogenic disease with disc protrusion and extrusion measuring 2 to 3 mm at C4 through C7. There was nerve root compromise at C4-7. The injured worker electrodiagnostics on 10/08/2013, which revealed no indicators of acute cervical or lumbar radiculopathy. The injured worker was noted to be a nonsmoker. The injured worker was noted to undergo flexion and extension dynamic radiographs of the cervical spine on 03/13/2013, which revealed some mild spondylosis in the mid cervical segments. The documentation of 05/20/2013 revealed the injured worker had symptomatology in the cervical spine, chronic headaches, and tension between the shoulder blades. The injured worker had been diagnosed with 3 levels of disc pathology at the level of C4-7 with moderate disc herniations. The injured worker was noted to have a radicular pain component in the right upper extremities, which was pronounced. The injured worker indicated she had headaches that were not alleviated with Prilosec. The physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. The axial compression test and Spurling's maneuver were positive. There were dysesthesias in the right at C5-7 dermatomes. There was painful, restricted range of motion. The diagnoses included cervical discopathy. The treatment plan included the injured worker had symptomatology and weakness, as well as neurologic deficit in the upper extremities; and therefore, the recommendation was made for a C4-7 anterior cervical microdiscectomy with implantation of hardware. The MRI of the cervical spine dated

04/15/2013 revealed at the level of C4-7, there was nerve root compromise on the right and none on the left, with the exception of C6-7. There was no nerve root compromise at the level of C4-5, C5-6. There was nerve root involvement at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 anterior cervical microdiscectomy with implantation of hardware with 2-3 day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. 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): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Hospital Length of Stay.

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 efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review failed to provide documentation of electrodiagnostic findings to support nerve root impingement. There was documentation of nerve root impingement per MRI on the right at all the requested levels. There was documentation indicating the injured worker had failed conservative care, including activity modification, physical therapy, and pain management. However, given the lack of documentation of electrophysiologic evidence and involvement of the C4-5 dermatomes or myotomes, the request for C4-C7 anterior cervical microdiscectomy with implantation of hardware would not be medically necessary. Additionally, the request for a 2 to 3 day inpatient stay would be excessive and would not be supported. This would be supported for a 1 day stay if the surgical intervention was found to be medically necessary. Given the above, the request for C4-C7 anterior cervical microdiscectomy with implantation of hardware with 2-3 day inpatient stay is not medically necessary.

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.

Miami J collar with thoracic extension #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.

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.

Pre-operative 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.