

Case Number:	CM15-0036759		
Date Assigned:	03/05/2015	Date of Injury:	02/24/2012
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
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 who reported an injury on 02/24/2012, which occurred due to a motor vehicle accident. Current diagnoses include cervical HNP at 5-6 and C6-7/pain/radiculopathy/sprain, strain, and shoulder pain/strain/internal derangement/impingement. Past treatment includes the use of physical therapy and medications. Diagnostic studies include MRIs of the cervical spine dated 05/21/2012 which revealed 3 mm left paramedian disc/osteophyte complex resulting in mild effacement of the anterior spinal cord and mild central stenosis at C6-7, and mild posterior disc bulging at C5-6 with severe right foraminal stenosis and mild left foraminal stenosis due to vertebral hypertrophy and facet arthropathy. Other diagnostic studies include an electromyography performed on 09/04/2014 which revealed entrapment neuropathy of the median nerve at the right wrist with mild slowing of nerve conduction velocity, entrapment neuropathy of the ulnar nerves across both elbows with very mild slowing of nerve conduction velocity, no electrophysiological evidence of entrapment neuropathy of the left median and bilateral radial nerves, no electrophysiological evidence to support motor radiculopathy in the upper extremities, and no electrophysiological evidence to support distal peripheral neuropathy in the upper extremities. There are no relevant surgical histories. The clinical note dating 01/05/2015 indicates the injured worker was seen with neck pain, with weakness, numbness, and cramping. Physical exam findings noted tenderness to palpation of the cervical spine, and decreased range of motion. Range of motion of the cervical spine was noted at 30 degrees of cervical flexion, 20 degrees of extension, 20 degrees of right lateral bending, 20 degrees of left lateral bending, 20 degrees of right rotation, and 20 degrees of left rotation.

Strength and stability was normal. The injured worker's medications include Lipitor, Diovan, ranitidine, Dexilant, aspirin, and Ultram. The treatment plan includes anterior cervical discectomy and fusion at C5-6 and C6-7, assistant surgeon, TENS unit, 3 to 5 times daily, 3 to 9 months rental, cryotherapy unit for 3 to 5 times daily, 3 to 9 months rental, soft collar brace, and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy and Fusion at C5-6 and C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: California ACOEM Guidelines state that the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Patients with acute neck or upper back pain alone, without findings of serious conditions of significant nerve root compromise, rarely benefit from either surgical consultation or surgery. The clinical documentation submitted for review shows no MRI report with definite compression of instability. The physical exam finding does not correlate to radiculopathy at these levels. The physical examination also noted that there was no stability of the cervical spine. An electromyography completed of the upper extremities was negative. Given all the above, the request is not medically necessary.

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.

TENS unit, 3 to 5 times daily, 3 to 9 months rental: 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.

Cryotherapy unit for 3 to 5 times daily, 3 to 9 months rental: 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.

Soft Collar brace 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.

Preoperative 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.