

Case Number:	CM15-0069286		
Date Assigned:	04/16/2015	Date of Injury:	07/15/2011
Decision Date:	07/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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 60 year old female who sustained an industrial injury on 07/15/2011. Diagnoses include cervical/lumbar discopathy, right carpal tunnel/double crush syndrome, and bilateral plantar fasciitis. Treatment to date has included diagnostic studies, medications, physical therapy, and failed epidural injections. A physician progress note dated 02/19/2015 documents the injured worker complains of pain in her neck associated with chronic headaches, tension between her shoulder blades and chronic radicular complaints. Pain is rated 8 out of 10. She also has frequent pain in the low back that radiates to her lower extremities and rates it a 6 on a scale of 1 to 10. She has constant bilateral foot pain and it is rated 7 out of 10. The cervical spine has palpable paravertebral muscle tenderness with spasm. There is a positive axial loading compression test noted, and Spurling's maneuver is positive. Range of motion is limited with pain. The lumbar spine has tenderness in the mid to distal lumbar segments. Seated nerve root test is positive. Range of motion has pain with terminal motion. She has tingling and numbness in the lateral thigh, anterolateral leg and foot, and posterior leg and lateral foot, which correlates with an L5-S1 dermatome pattern. She has tenderness in the soles of her feet. There is reproducible symptomatology in the bilateral heels consistent with plantar fasciitis. Treatment requested is for associated surgical service: bone stimulator, associated surgical service: Miami j collar with thoracic extension #1, associated surgical service: co-surgeon, associated surgical service: inpatient stay 2-3 days, associated surgical service: medical clearance, and C4 through C7, possible C3-C4 anterior cervical discectomy with implantation of hardware, realignment of the lordosis and reduction of listhesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 through C7, possible C3-C4 anterior cervical discectomy with implantation of hardware, realignment of the lordosis and reduction of listhesis: 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 provide such 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 through C7, possible C3-C4 anterior cervical discectomy with implantation of hardware, realignment of the lordosis and reduction of listhesis is are not medically necessary and appropriate.

Associated surgical service: inpatient stay 2-3 days: 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: co-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: 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.

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 #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: 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.