

Case Number:	CM14-0144841		
Date Assigned:	09/12/2014	Date of Injury:	12/02/2013
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 44-year-old gentleman who sustained an injury to the neck and upper extremities, right greater than left, in a work related accident on 12/02/13. The medical records provided for review specific to the claimant's neck included the report of an MRI of the cervical spine dated 02/20/14 that showed multilevel disc protrusions from C3-4 through C7-T1 with spondylosis but no acute compressive pathology. The 05/14/14 electrodiagnostic study of the upper extremities was abnormal suggesting a right C6 radiculopathy as well as mild to moderate right median nerve entrapment at the wrist consistent with carpal tunnel syndrome. The clinical assessment dated 07/29/14 described continued complaints of neck pain including numbness into the hand. Physical examination did not document any acute findings. The previous physical examination on 05/13/14 documented limited cervical range of motion, tenderness over the trapezius, and an absent right brachial reflex. There was no documentation of examination findings regarding the claimant's hand. There was no documentation of conservative treatment for the underlying diagnosis of carpal tunnel syndrome. Conservative treatment for neck complaints has included medications and cervical physical therapy. The recommendation was made for a C5-7 anterior cervical discectomy and fusion and a concordant right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right anterior C-5-6-7 intervertebral discectomies, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Discectomy; Fusion, anterior cervical

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right anterior C-5-6-7 intervertebral discectomies, cannot be recommended as medically necessary. The medical records provided for review do not reveal any direct clinical correlation between the claimant's imaging, electrodiagnostic studies, and physical examination to support the proposed surgery. The claimant has evidence of a C6 radiculopathy on electrodiagnostic studies and examination but this findings in and of itself, would not support a two level decompression and fusion procedure. The surgical request in this case is not medically necessary.

Fusion and instrumentation QTY: 1.00: 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): 180.

Decision rationale: Based on California ACOEM Guidelines, the request for operative intervention to include fusion and instrumentation would not be indicated. The medical records provided for review do not reveal any direct clinical correlation between the claimant's imaging, electrodiagnostic studies, and physical examination to support the proposed surgery. The claimant has evidence of a C6 radiculopathy on electrodiagnostic studies and examination but this findings in and of itself, would not support a two level decompression and fusion procedure. The surgical request in this case is not medically necessary.

Right median neuroplasty at the carpal tunnel QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: California ACOEM Guidelines would not support the proposed carpal tunnel release. While the documentation indicates that the claimant has mild to moderate

findings of median nerve compression on the electrodiagnostic studies, there is no documentation of conservative treatment focused at the carpal tunnel or indication of physical examination findings to confirm the diagnosis of carpal tunnel syndrome. Therefore, the clinical request in this case is not medically necessary.

Pre-op EKG QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th edition, 2014, Low Back, preoperative testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for preoperative EKG testing is also not recommended as medically necessary.

Pre-op CBC QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th edition, 2014, Low Back, preoperative testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for preop CBC is also not medically necessary.

Transportation on the day of surgery: 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) Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - Transportation (to & from appointments) Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for transportation services to surgery is also not medically necessary.