

Case Number:	CM14-0166797		
Date Assigned:	10/14/2014	Date of Injury:	05/28/2008
Decision Date:	11/14/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 59-year-old male who sustained an injury on 05/28/08. As per the report of 12/13/13, he complained of neck and back pain. Examination of the cervicodorsal spine revealed tenderness at the cervicodorsal paravertebral muscles and pain with terminal motion. Examination of the L-spine revealed tenderness at the lumbar paravertebral muscles; seated nerve root test was positive. MRI of the right and left wrist dated 04/30/09 revealed bone islands or cysts or penetrating vessels in the capitate and a cyst in the distal ulna, narrowing of the radiocarpal joint, and dorsal intercalated segmental instability. MRI of the C-spine dated 08/29/08 revealed C-spine stenosis between C3-4 and C5-6 with slight anterolisthesis and 2 mm disc protrusion, and presence of small disc osteophytes at C4-5; at C5-6 severe disc desiccation and loss of disc height with a 4 mm disc/osteophyte encroachment on both neural foramina and at C6-7 mild disc protrusion and 3 mm disc/osteophyte encroachment with moderate neural foraminal encroachment. T-spine x-rays revealed an old vertebral wedge compression fracture. He underwent surgery at three levels of the cervical spine (C4-C7) in July 2009 and had right carpal tunnel release, partial flexor tenosynovectomy and partial median nerve epineurolysis on 06/11/2010. Past treatments have included physiotherapy chiropractic care and cervical epidural corticosteroid injection. AME report dated 10/29/09 indicated neurodiagnostic test revealed the presence of bilateral CTS. Diagnoses include mechanical complication of orth device NEC and cervicobrachial syndrome. The request for two hours of NIOM at [REDACTED] date of service: 10/01/2010 was modified to two hours of NIOM; DOS: 10/01/2010 on 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two hours of NIOM at [REDACTED] dates of service: 10/01/2010: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck and Upper Back procedure summary last updated 08/04/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck

Decision rationale: The CA MTUS / ACOEM do not address the issue. Per the ODG-TWC, the NIOM is recommended during spinal or intracranial surgeries in order to detect and prevent intraoperative complications. In this case, the IW underwent C5-6 removal of hardware and re-grafting of screw holes with intraoperative spinal cord monitoring. Thus, the application of NIOM during this high-risk cervical spine surgery was medically necessary to prevent any potential complications. The request is medically necessary.