

Case Number:	CM14-0178240		
Date Assigned:	10/31/2014	Date of Injury:	04/06/2013
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 39-year-old female who reported an injury on 04/06/2013. The mechanism of injury was repetitive work. Other therapies included a facet injection and epidural injection. The medications were not provided. The injured worker underwent an MRI of the cervical spine on 07/22/2013, which revealed at the level of C5-6 there was 1 to 2 mm posterior disc protrusion. There was minimal impression upon the anterior thecal sac. There was no spinal canal or neural foraminal stenosis. There was right degenerative facet arthrosis. At the level of C6-7, there was no disc protrusion. There was no spinal canal or neural foraminal stenosis. There was bilateral degenerative facet arthrosis, greater on the right. The injured worker underwent electrodiagnostic studies on 02/25/2014, which revealed an active C6 radiculopathy on the right upper extremity. The documentation of 09/08/2014 revealed the injured worker had radiculopathy that was confirmed on EMG of C6, and the physician opined that clinically, the injured worker had C7; however, there was a cortisone shot at C7, and the cortisone shot was noted to be provocative of the pain she was experiencing. The injured worker indicated she felt fine for a few days. However, after a few days, the pain started creeping back, and now it was the same place it was before. There was noted to be more numbness that was pervasive in all of her fingers, including her thumb as well as the long finger and the small finger to a lesser degree. The physician assessment and plan included an EMG confirmation of absolute radiculopathy at C6. The physician opined the MRI scan confirmed progressive stenosis in the foramen at C5-6 and C6-7. The physician opined there was an excellent confirmation of the level with the cortisone injections. The injured worker was noted to have weakness in the triceps and increased pain, rather than decreased, that was provocative at C5-6 and C6-7. The request was made for Two-level anterior cervical discectomy at the levels of C5-C6 and C6-C7. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two-level anterior cervical discectomy at the levels of C5-C6 and C6-C7: 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), Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

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 clinical documentation submitted for review indicated the injured worker had undergone conservative care. However, with the exception of injections, there was a lack of documentation indicating the duration and the quantity of sessions attended. There was documentation of electrophysiologic evidence at the level of C6. There was a lack of documentation of electrophysiologic evidence to support the levels of C5 and C7. The MRI failed to indicate nerve impingement. Given the above, the request for Two-level anterior cervical discectomy at the levels of C5-C6 and C6-C7 is not medically necessary.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedics Surgeons Position Statement Reimbursement of the First Assistant as Surgery in Orthopedics, <http://www.aaos.org/about/papers/position/1120.asp> (date accessed: 7/10/2013)

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: 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.

Associated surgical service: Three day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital Length of Stay (LOS) Guidelines

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.