

Case Number:	CM14-0092695		
Date Assigned:	07/25/2014	Date of Injury:	05/11/2006
Decision Date:	10/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 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:

This claimant is a 50-year-old gentleman who injured his neck in a work related accident on May 11, 2006. The medical records provided for review include a PR2 report from May 19, 2014 describing neck complaints with radiating pain to the bilateral arms. Physical examination showed restricted cervical range of motion, diminished left biceps reflex at +1, and weakness to the left greater than the right biceps, triceps and grip strength to the upper extremities. Documented on the PR-2 report is that a previous MRI of the cervical spine from February 28, 2013 showed a small disc protrusion at C4-5 resulting in mild impingement of the cord, mild spinal stenosis, and no indication of significant compressive pathology. Based on failed conservative care, the recommendation was made to proceed with a C3-4 anterior cervical discectomy and fusion. Electrodiagnostic studies of March 27, 2014 were negative for the upper extremities for radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital stay QTY: 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines; Cervical Spine, Hospital Length of Stay.

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: Neck Procedure - Fusion, anterior cervical, Hospital length of stay (LOS)

Decision rationale: The request for anterior cervical fusion/decompression C3-4 cannot be recommended as medically necessary. Therefore, the request for a two day hospital stay is also not medically necessary.

Anterior cervical fusion/decompression C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disabilities Guidelines; Cervical Spine Anterior Cervical Discectomy And Fusion

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 Updates: Neck Procedure - Fusion, Anterior Cervical

Decision rationale: California ACOEM Guidelines supported by Official Disability Guideline criteria would not support the request for anterior cervical fusion/decompression C3-4. There is no documentation of compressive findings on imaging that would clinically correlate the need for a decompression and fusion procedure at the C3-4 level. The electrodiagnostic studies were negative for upper extremity radiculopathy. Guidelines recommend clinical correlation between compressive pathology on examination and imaging and/or electrodiagnostic studies. Therefore, the anterior cervical fusion/decompression C3-4 cannot be recommended as medically necessary.

Vascutherm DVT Device QTY: 14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines; Knee Section

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: Forearm/Wrist/Hand Procedure - Vasopneumatic Devices

Decision rationale: The request for anterior cervical fusion/decompression C3-4 cannot be recommended as medically necessary. Therefore, the request for a Vascutherm device is also not medically necessary.

External bone growth stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines; Low Back Section Bone Growth Stimulators

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: Low Back Procedure - Bone Growth Stimulators (BGS)

Decision rationale: The request for anterior cervical fusion/decompression C3-4 cannot be recommended as medically necessary. Therefore, the request for a bone growth stimulator is also not medically necessary.