

Case Number:	CM14-0122385		
Date Assigned:	08/06/2014	Date of Injury:	02/27/2009
Decision Date:	05/01/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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: California

Certification(s)/Specialty: Pediatrics, 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 40-year-old male who reported an injury on 02/27/2009. The mechanism of injury was not provided. He was diagnosed with cervicgia. His past treatments were noted to include medications. On 11/07/2014, the injured worker reported constant pain in the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. There was radiation of pain into the upper extremities. He rated his pain as 8/10. Upon physical examination, it was noted the injured worker had a positive Spurling's maneuver test and a positive axial loading compression test. Range of motion was limited with pain. There was no clinical evidence of stability on exam. There was tingling and numbness into the lateral forearm and hand, greater over the thumb and middle finger, which correlated with a C6 and C7 dermatomal pattern. Strength was 4/5 in the wrist extensors and flexors as well as biceps, triceps, and finger extensors, C6 and C7 innervated muscles. His current medications were not provided. The treatment plan included refill medications and a Request for Authorization for acupuncture and chiropractic treatment. A request was submitted for C5-C7 anterior cervical microdiscectomy with implantation of hardware, assistant surgeon, 2 to 3 day inpatient stay, cervical collar: Minerva mini collar #1, Miami J collar with thoracic extension #1, bone stimulator, and medical clearance; however, the rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7 Anterior Cervical Microdiscectomy with Implantation of Hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy-laminectomy-Laminoplasty.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address anterior cervical microdiscectomy with implantation of hardware. The Official Disability Guidelines state indications for discectomy should include evidence of radicular pain and sensory symptoms in a cervical distribution that correlates with the involved cervical level or presence of a positive Spurling's test. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. There should be an abnormal imaging study showing positive findings that correlate with nerve root involvement that is found with previous objective physical and/or diagnostic findings. There must be evidence that the patient has received and failed at least 6 to 8 weeks trial of conservative care. The clinical documentation submitted for review does provide evidence of radicular pain and sensory symptoms in a cervical distribution correlated with the involved cervical level, there was evidence of a positive Spurling's test, and there was evidence of motor deficit and reflex changes. However, there was no evidence of an abnormal imaging study and no evidence that the injured worker had received and failed at least 6 to 8 weeks of conservative care. Given the above information, the request is not supported by the guidelines. As such, the request for anterior cervical microdiscectomy with implantation of hardware is not medically necessary.

Associated Surgical Service: Assistant 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: 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: Cervical Collar: Minerva Mini Collar: 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: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

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.

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.