

Case Number:	CM14-0149043		
Date Assigned:	09/18/2014	Date of Injury:	10/15/2013
Decision Date:	02/28/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/13/2014

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: Texas

Certification(s)/Specialty: Orthopedic 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 54-year-old female who reported injury on 10/15/2013. Diagnosis included lumbar disc displacement. The mechanism of injury was the injured worker was trying to stand with assistance from an employee while exiting her car, and the injured worker's foot slipped and she started falling. Prior studies included an MRI of the cervical spine dated 12/13/2013, which revealed significant collapse of C6-7 and a smaller disc herniation at C5-6. The injured worker was noted to undergo EMG/NCV on 08/07/2014 with no evidence of cervical radiculopathy; however, there was some mild evidence of mild medial neuropathy at the wrist. The injured worker's medications were noted to include Cytotec and Restoril. The electromyography report dated 08/07/2014 was for the lower extremities. The documentation of 08/08/2014 indicated the injured worker had complaints of neck pain. The injured worker indicated her neck bothers her quite a bit. The injured worker was noted to have 12 sessions of physical therapy that did not help. The injured worker indicated she was gradually getting worse in both the neck and low back. The physical findings revealed range of motion of the cervical spine was limited to about 30 degrees of lateral rotation on each side due to significant paraspinal muscle spasms. There was noted to be significant weakness in the triceps extension. Biceps flexion was 4+/5 bilaterally. The treatment plan included surgical intervention in the form of an anterior cervical discectomy and fusion at the level of C5-6 and C6-7. Additionally, the physician dispensed the medication hydrocodone bit/APAP, Norco, 2.5/325 mg, tramadol ER 150 mg, and naproxen 550 mg, as well as pantoprazole 20 mg for GI upset. 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:

Anterior cervical discectomy and fusion at C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

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 efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review failed to provide an official MRI and electrophysiologic evidence to support the necessity for a discectomy. There was noted to be significant weakness in the triceps extension. Biceps flexion was 4+/5 bilaterally. There was, however, a lack of documentation of specific nerve involvement. There was a lack of documentation of exceptional factors. Given the above and the lack of documentation, the request for Anterior cervical discectomy and fusion at C5-C6 and C6-C7 is not medically necessary.

1 day hospital stay at [REDACTED]: 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.

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.

Aspen hard 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.

Cervical shower 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.

Cervical soft 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.