

Case Number:	CM15-0110594		
Date Assigned:	06/17/2015	Date of Injury:	11/04/2011
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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: New York
 Certification(s)/Specialty: 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 37 year old male, who sustained an industrial injury on 11/4/11. The injured worker has complaints of neck, shoulder and wrist pain. The documentation noted that the injured workers biceps flexion and triceps extension are slightly weak on the right arm and sensation is sensation is decreased at the level of C4 and C5 distribution of the right arm. The diagnoses have included displacement of cervical intervertebral disc without myelopathy. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine one in 2012 and one in 2014 that show that the disc at the level of C4-C5 has definitely advanced in the two consecutive magnetic resonance images; magnetic resonance imaging (MRI) of the right wrist showed healed impacted comminuted fracture deformity of the distal radius with mild secondary degenerative arthritis of the radiocarpal joint and remote and united avulsion fraction of the lunar styloid; right elbow open reduction, internal fixation on 11/4/11 and subsequent screw removal; right elbow revision surgery on 7/1/13; medial branch blocks on 1/9/15; right C2, C3, C4 radiofrequency ablation on 3/6/15; Norco and Motrin. The request was for anterior cervical discectomy and fusion C4-C5; post-op durable medical equipment (DME) cervical soft collar; post-op durable medical equipment (DME) cervical hard collar; post-op durable medical equipment (DME) cervical shower collar; post-op durable medical equipment (DME) bone stimulator to wear for three months and inpatient times two days.

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 C4-C5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The request for anterior cervical discectomy and fusion C4-C5 is not medically necessary and appropriate.

Post-op DME: 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.

Post-op DME: Cervical 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.

Post-op DME: 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.

Post-op DME: Bone stimulator, to wear for 3 months: 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.

LOS: inpatient x 2 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.