MAXIMUS Federal Services

Case Number:	CM15-0170746		
Date Assigned:	09/11/2015	Date of Injury:	10/01/2003
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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: California
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:

This 40 year old man sustained an industrial injury on 10-1-2003. The mechanism of injury is not detailed. Evaluations include cervical spine MRIs dated 5-8-2015 and 5-8-2013, electromyogram and nerve conduction studies of the bilateral upper extremities dated 1-12-2015, and lumbar spine MRI dated 5-8-2013. Diagnoses include cervical radiculopathy, lumbar radiculopathy, cervical degenerative disc disease, cervical disc herniations with moderate to severe neural foraminal narrowing, lumbar degenerative disc disease with facet arthropathy, lumbar herniated nucleus pulposus, and ongoing headaches. Treatment has included oral medications, wrist brace, home exercise program, chiropractic care, physical therapy, trigger point injections, cervical epidural steroid injection, and use of a cane. Physician notes dated 5-15-2015 show complaints of neck pain rated 6 out of 10 with radiation down the right arm ad into the back of the head, right arm pain with increased right hand symptoms including numbness in the thumb and index finger and inability to lift the hand from the wrist, low back pain aching, and optic nerve pain with radiation to the front of the head for which he is to wear sunglasses often and an eye patch occasionally. The worker states he woke up last week and was unable to move his right wrist and only had minimal movement of the right fingers. The physical examination shows decreased range of motion tot eh cervical. Thoracic, and lumbar spine regions, decreased sensation in the C6, L3, L4, L5, and S1 dermatomes, no sensation to the right dorsal thumb and index fingers, weakness to the wrist extensors and flexors, pain with right side Spurling's test, and upper extremity reflexes intact. Recommendations include surgical intervention, pain management follow up, pain psychology follow up, neurology follow up, and follow up in on month.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 anterior cervical decompression and fusion at C5-6 and C6-7 on an expedited basis: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Chronic & Acute): Fusion, anterior cervical (updated 06/25/14).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of correlating nerve root compromise from the exam of 5/15/15. The patient has radiating pain from the exam notes, but this does not correlate with any imaging findings. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

Associated surgical service: 8 sessions of chiropractic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Manipulation, 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: unknown follow-ups with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: unknown follow-ups with pain psychology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: unknown follow-ups with neurology: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.