

Case Number:	CM15-0095037		
Date Assigned:	05/21/2015	Date of Injury:	09/29/2011
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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 60 year old male, who sustained an industrial injury on 9/29/11. The injured worker was diagnosed as having cervical/thoracic/lumbar discopathy, status post right shoulder arthroscopy/decompression, carpal tunnel syndrome, left elbow lateral epicondylitis and cubital tunnel syndrome, rule out internal derangement bilateral hips, status post right foot surgery, bilateral plantar fasciitis and cervicalgia. Treatment to date has included physical therapy, home exercise program and oral medications. (MRI) magnetic resonance imaging of thoracic spine performed on 1/30/15 revealed T7-8 central disc protrusion and T8-9 central disc protrusion. Currently, the injured worker complains of persistent pain in cervical spine, not improving, with radiation to upper extremities and associated with headaches and tension between the shoulder blades; the pain is rated 6/10. There is also constant pain in the thoracic and lumbar spine characterized as sharp with radiation to lower extremities with associated tingling and numbness rated 7/10. There is intermittent pain in right shoulder characterized as dull and rated 4/10; intermittent pain in bilateral elbows characterized as throbbing and rated 4/10; constant pain in right list characterized as sharp rated 8/10; frequent pain in right wrist characterized as sharp rated 8/10, frequent pain in right and left hip characterized as sharp and stabbing rated 8/10 and constant pain in bilateral feet rated 7/10. Physical exam noted tenderness with spasm of cervical spine; tenderness around glenohumeral region and subacromial space; tenderness over the elbow about lateral epicondyle and olecranon fossa, tenderness over the volar aspect of the right wrist with full, painful range of motion, palpable paravertebral muscle tenderness with spasm over the thoracolumbar spine with guarded and restricted range of motion; pain and tenderness in the plantar aspect of bilateral feet consistent with plantar fasciitis. The treatment plan included continuation of physical therapy and probability of surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical disectomy with right fusion and implants of hardware C5-7, possible C3-4, C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

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. Such evidence is not presented. 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 requested treatment: Anterior cervical disectomy with right fusion and implants of hardware C5-7, possible C3-4, C4-5 is not medically necessary and appropriate.

Co-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: Durable medical equipment (DME) 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: Durable medical equipment (DME) 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative 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.

Post-surgical 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.