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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/20/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/26/2013
Date of Injury:	6/21/2002
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006510

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

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HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]ntative
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient has a reported date of injury on 06/21/2002. The mechanism of injury is playing basketball with contact between her and another player which resulted into patient falling to the ground. Patient was seen on 05/07/2012 and described complaints involving neck pain, right elbow pain, back pain, knee pain, and right heel pain. Physical exam revealed mild restriction in cervical range of motion. She had tenderness to the right and left trapezii and tenderness to the spinous processes at C5 and C6 to the left, and C7 on the right was noted. Reflexes in the upper extremities were rated 0 bilaterally and there was intermittent numbness in the left hand. On 08/15/2012, a supplemental report was submitted indicating that knee arthroscopy had been recommended along with cervical epidural steroid injections. It was noted she had been off work since 08/29/2010. A complete physical exam was not documented on that date. Diagnoses include degenerative arthritis of the cervical spine, lateral epicondylitis in the right elbow, bilateral knee pain, status post arthroscopy of the left knee and right heel pain. Treatment plan was to proceed with a C4 to C7 anterior cervical discectomy with implantation of hardware and realignment, 3 day inpatient hospital stay, assistant surgeon, medical clearance, cervical collar, Minerva mini collar, and Miami J collar and a bone growth stimulator.

IMR DECISION(S) AND RATIONALE(S)

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

1. C4-C7 anterior cervical disectomy with implantation of hardware and re-alignment is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), which is part of the MTUS. Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pgs. 179-181, which is part of the MTUS. Official Disability Guidelines (ODG), Neck and Upper Back, Cervical Fusion, which is not part of the MTUS.

The Physician Reviewer's decision rationale: MTUS/ACOEM Guidelines indicates the procedure for C4 to C7 anterior cervical discectomy with implantation of hardware and realignment, may be considered reasonable and necessary if there is severe debilitating symptoms with physiologic evidence of a specific nerve root or spinal cord dysfunction corroborated by appropriate imaging studies, persistent severe and disabling shoulder and arm symptoms, activity limitation for more than 1 month, and clear clinical imaging and electrophysiological evidence consistently indicating the same lesions have been shown to benefit from surgical repair in both the short and long-term. There should be unresolved radicular symptoms after receiving conservative treatment. The medical records provided for review after 08/15/2012, does not include a clinical exam and there are no diagnostic studies to demonstrate that the employee had electrodiagnostic evidence of cervical radiculopathy and/or cervical pathology as evidenced by MRI or CT scan. The records do not describe current symptoms such as disabling upper arm or neck pain and do not describe significant current conservative care for this employee. **The request for a C4 to C7 anterior cervical discectomy with implantation of hardware and realignment is not medically necessary and appropriate.**

2. Inpatient stay for 3 days is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), which is part of the MTUS. Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Official Disability Guidelines (ODG) Neck and Upper Back, Hospital length of stay, which is not part of the MTUS.

The Physician Reviewer's decision rationale: MTUS/ACOEM Guidelines do not specifically address inpatient stay but Official Disability Guidelines do indicate that a two to three day inpatient stay would be considered reasonable. However, the surgical intervention itself is not considered reasonable. The medical records provided for review does not include current physical examination, imaging studies, and electrophysiological evidence has not been provided for this review to documents cervical pathology and or cervical radiculopathy after 8/15/2012. Current conservative care has not been documented. **The request for inpatient stay for three days is not medically and appropriate.**

3. Assistant surgeon is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), which is part of the MTUS. Official Disability Guidelines (ODG), which is not part of the MTUS

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on College of Surgeons, Physicians as Assistants at Surgery, 2011, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The American College of Surgeons indicates that an assistant surgeon may be considered reasonable and necessary if there are indications that there would be significant blood loss, significant length of time of the surgery, or if the surgery itself would require technical expertise such that an assistant would be medically necessary. The medical records provided for review did not include current clinical notes documenting the subjective complaints of the employee and or objective findings. There is no imaging studies provided for this review to document objectively that the employee has any pathology in the cervical spine and electrodiagnostic studies were not provided to document radiculopathy. **The request for an assistant surgeon is not medically necessary and appropriate.**

4. Medical clearance is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), which is part of the MTUS. Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Official Disability Guidelines (ODG), Low Back, Pre-op testing, which is not part of the MTUS.

The Physician Reviewer's decision rationale: MTUS/ACOEM Guidelines do not specifically address medical clearance but Official Disability Guidelines do indicate that an evaluation by a medical provider may be considered reasonable and necessary depending upon the specific surgery and the comorbidities of the claimant. Medical records provided for review does not indicate any current subjective complaints or objective findings that indentify that the employee warrants surgical intervention at this level. **The request for medical clearance is not medically necessary and appropriate.**

5. Cervical collar is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), which is part of the MTUS. Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg. 175, which is part of the MTUS.

The Physician Reviewer's decision rationale: MTUS/ACOEM Guidelines, chapter 8, indicates that cervical collars have not been shown to have any lasting benefit except for comfort in the first few days at the clinical course in severe cases and in fact, weakness may result from prolonged use and will contribute to debilitation. Additionally, MTUS/ACOEM Guidelines state immobilization using collars and prolonged periods of rest are generally less effective than

having patients maintain their usual pre-injury activity. The medical records provided for review do not include current objective findings or subjective complaints. There was no indication that the employee had instability to the cervical spine. **The request for a cervical collar is not medically necessary and appropriate.**

6. Minerva mini collar, quantity 1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), which is part of the MTUS. Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg. 175, which is part of the MTUS.

The Physician Reviewer's decision rationale: MTUS/ACOEM Guidelines, Chapter 8, indicates that cervical collars have not been shown to have any lasting benefit except for comfort in the first few days at the clinical course in severe cases and in fact, weakness may result from prolonged use and will contribute to debilitation. Additionally, MTUS/ACOEM Guidelines state immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual pre-injury activity. The medical records provided for review do not include current objective findings or subjective complaints. There was no indication that the employee had instability at the time to the cervical spine. **The request for Minerva mini collar, quantity 1, is not medically necessary and appropriate.**

7. Miami J collar with thoracic extension quantity 1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), which is part of the MTUS. Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg. 175, which is part of the MTUS.

The Physician Reviewer's decision rationale: MTUS/ACOEM Guidelines, Chapter 8, indicates that cervical collars have not been shown to have any lasting benefit except for comfort in the first few days at the clinical course in severe cases and in fact, weakness may result from prolonged use and will contribute to debilitation. Additionally, MTUS/ACOEM Guidelines state immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual pre-injury activity. The medical records submitted for review do not include current objective findings or subjective complaints. There was no indication that the employee had instability at the time to the cervical spine. **The request for Miami J collar with thoracic extension is not medically necessary and appropriate.**

8. Bone stimulator is not medically necessary and appropriate.

The Claims Administrator based its decision on the The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), which is part of the MTUS. Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Official Disability Guidelines (ODG) Neck and Upper Back, Bone Growth Stimulator, which is not part of the MTUS.

The Physician Reviewer's decision rationale: MTUS/ACOEM Guidelines do not specifically address bone growth stimulators to the cervical spine. Official Disability Guidelines, Neck and Upper Back, indicates that a bone growth stimulator for the cervical spine is currently under study. The Official Disability Guidelines, Neck and Upper Back, further indicates that the low back chapter should be referenced for additional information. The Official Disability Guidelines, Low Back Chapter, indicates that a bone growth stimulator may be considered reasonable and necessary under certain conditions postoperatively if there is indication that the patient has had a previous fusion, pseudarthrosis, or if the surgery proposed is more than 1 level, or if there are indications of a smoking habit that would increase the possibility of a pseudarthrosis, or if there are certain metabolic diseases such as diabetes which also would increase the possibility of a pseudarthrosis. The medical records provided for review did include the current status of the employee; it is unknown whether the employee smokes or has a metabolic disease. **The request for a bone stimulator is not medically and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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