

Case Number:	CM13-0019090		
Date Assigned:	10/11/2013	Date of Injury:	07/24/2013
Decision Date:	08/08/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Neurological 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 53 year-old female was reportedly injured on July 24, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 30, 2014, indicates there are ongoing complaints of neck and low back pain. The physical examination demonstrated tenderness to palpation the cervical spine with a limited range of motion. Sensory changes are also noted. Diagnostic imaging studies reported multiple level disc desiccation, cervical disc disease, disc protrusions at multiple levels as well as degenerative changes to the osseous structures. An anterior cervical fusion at C5-C6 & C6-C7 was completed in January, 2014. Previous treatment includes multiple medications, injections. A request was made for multiple interventions and was not certified in the pre-authorization process on December 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. There is no competent, objective and independently confirmable medical evidence presented of a verifiable radiculopathy. As such, there is no medical necessity for this procedure.

ANTERIOR CERVICAL DISCECTOMY AND FUSION AT C5-6 AND C6-7: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical & thoracic spine disorders electronic version cited.

Decision rationale: Spinal Fusion is recommended for Sub-Acute and Chronic Radiculopathy (Insufficient Evidence (I)) cervical discectomy with fusion is recommended for patients with subacute or chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate non-operative treatment. However, a cervical fusion surgery is noted to have been completed in January this year. As such, there is no medical necessity to repeat the surgery at this time.

NEUROLOGICAL 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 base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical & thoracic spine disorders electronic version cited.

Decision rationale: Spinal Fusion is recommended for Sub-Acute and Chronic Radiculopathy (Insufficient Evidence (I)) cervical discectomy with fusion is recommended for patients with subacute or chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate non-operative treatment. However, a cervical fusion surgery is noted to have been completed in January this year. As such, there is no medical necessity to repeat the surgery at this time.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical & thoracic spine disorders electronic version cited.

Decision rationale: Spinal Fusion is recommended for Sub-Acute and Chronic Radiculopathy (Insufficient Evidence (I)) cervical discectomy with fusion is recommended for patients with subacute or chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate non-operative treatment. However, a cervical fusion surgery is noted to have been completed in January this year. As such, there is no medical necessity to repeat the surgery at this time.

ASPEN CERVICAL COLLAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter updated July, 2014.

Decision rationale: When noting the date of injury, the date surgery completed, and the most current physical examination reported there is no clinical indication for a cervical collar. Therefore, when noting that the MTUS does not address this topic, the parameters noted in the ODG were used. Based on the most current physical examination there is no medical necessity for such a device.

POST-OP BONE STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back (neck chapter referred to low back) updated July, 2014.

Decision rationale: While noting that the MTUS does not address this type of device, the parameters noted in the ODG were applied. The cervical spine chapter referred to the lumbar spine, which noted that such a thing that is under study however there was criterion necessary to endorse such a product. The progress notes presented for review do not note any of these criterions. As such, the medical necessity is not been established.

TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009 Page(s): 113-116 OF 127.

Decision rationale: Relative to the cervical spine there is no clinical indication particularly after completing a fusion procedure surgery. With respect to lumbar spine, there are noted multiple level degenerative changes and no specific pathology or pain generator is identified. As such, as noted in the MTUS which does not recommend using a tens unit as a primary treatment modality, there is insufficient clinical information presented and as such there is no medical necessity established for this device.

POST-OP CRYOTHERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PMID: 18214217 PubMed-indexed for MEDLINE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter updated June, 2014.

Decision rationale: While noting there was a surgical intervention in January, 2014 postoperatively there is no indication for a continuous cold therapy unit as the ODG (MTUS does not address) suggest intermittent cold packs or ice bags. No medical necessity is established for this device.