MAXIMUS Federal Services

Case Number:	CM13-0023971		
Date Assigned:	03/14/2014	Date of Injury:	02/26/2004
Decision Date:	04/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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 Occupational Medicine, 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 54 year old female patient sp injury 2/26/04. The patient was seen 7/24/13. The patient complained of low back pain with numbness to the bilateral feet. She has neck pain with numbness to the bilateral hands. She is on Norco, tramadol, Zanaflex, and Lyrica. She is tender to palpation over the cervical spine and lumbar regions. She has decreased sensation right C6 through C8 dermatomes and decreased sensation over the right L5-S1 dermatomes. There was positive SLR bilaterally. There was decreased strength right deltoid, biceps, wrist extensor and flexors 4+5. The discussion stated that a follow up pain management with [redacted] is recommended. This is to determine whether or not there is an industrial component. A CT scan is requested to evaluate for pseudo arthrosis. Diagnostic impression included s/p ACDF C5-6 C6-7 and pseudo arthrosis around hardware C6-7, lumbar HNP and lumbar radiculopathy. She had her ACDF in 2009. She has not had any postoperative therapy for the neck since 2011. 1/2/13 note states that she has not had any physical therapy, epidural injections, chiropractic care, or acupuncture for her back. Cervical spine 7 view X-rays on 1/2/13 demonstrate intact hardware at C5-6 and C6-7, with highly probable pseudo arthrosis at C6-7 with gross lucency around the hardware and multilevel anterior osteophytes. There is documentation of an 8/29/13 adverse determination for a cervical CT scan due to lack of documentation of findings from previous diagnostic studies. There was no evidence of planned treatments based on CT findings. A follow up appointment was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT FOLLOW-UPS WITH [redacted] AND TO TAKE OVER ALL CARE AND TREATMENT: 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). Pain Chapter. Office Visits.

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

Decision rationale: ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is not enough justification for a follow up pain management as medically necessary. The notes clearly state that there is a lack of conservative care directed at the back. There is no limited information to establish that diagnostic and therapeutic options have been attempted. The medical utility of a pain management visit is not clearly established.

CT SCAN OF CERVICAL SPINE.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Computed Tomography.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ODG states that cervical CT scans are indicated with suspected or known cervical spine trauma, after obtaining plain films. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. The patient is s/p ACDF 2009 and there is diagnostic impression of pseudo arthrosis around hardware C6-7. Cervical spine 7 view X-rays on 1/2/13 demonstrate intact hardware at C5-6 and C6-7, with highly probable pseudo arthrosis at C6-7 with gross lucency around the hardware and multilevel anterior osteophytes. To better assess fusion status, a CT is indicated. The necessity of the CT scan at this time has been established.