

Case Number:	CM13-0042830		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2009
Decision Date:	08/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic 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 claimant is 50-year-old gentleman injured in a work-related accident on August 26, 2009. Specific to the claimant's cervical spine, there is notation of failed conservative care, followed by a July 2011 anterior cervical discectomy and fusion at the C5-6 and C6-7 levels. The records available for review include a February 10, 2012, MRI report showing solid fusion at the C5-6 and C6-7 levels with C3-4 and C4-5 disc osteophyte complexes. An electrodiagnostic study dated December 2011 showed chronic C7 radiculopathy. A September 28, 2013, progress note documented continued complaints of neck pain with weakness of the upper extremity. No physical examination findings were noted. A May 2013 MRI report identified facet hypertrophy at multiple levels with prior fusion from levels C5 through C7. The C6-7 level was noted to have underlying spurring and mild foraminal narrowing. The records reference that conservative care - which included injections, physical therapy and management with medications - failed to control symptoms. This request is for laminectomy and decompressive surgery at the C6-7 and C7-T1 levels; an assistant surgeon; a one-day inpatient length of stay; a 30-day use of a cryotherapy device; a pneumatic compression device with postoperative use of cervical collar; pre-operative medical clearance; continued use of Robaxin; continued use of Restoril; and continued use of Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LAMINOTOMY & FORAMINOTOMY C6-7, C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 179.

Decision rationale: Based on California MTUS ACOEM Guidelines, cervical decompression would not be indicated. The reviewed records do not establish a clinical correlation between the imaging findings and any physical examination findings. The ACOEM Guidelines require correlation between a radicular process on examination and the claimant's imaging and/or electrodiagnostic studies. Therefore, the request for operative intervention in a claimant who is already status post a two-level fusion would not be supported as medically necessary.

ASSISTANT SURGEON, INPATIENT STAY TIMES 1 DAY: Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

COLD THERAPY UNIT TIMES 30 DAY RENTAL: Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PNEUMATIC INTERMITTENT COMPRESSION DEVICE: Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

HARD CERVICAL COLLAR, SOFT CERVICAL COLLAR: Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP MEDICAL CLEARANCE: Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ROBAXIN 500 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Guidelines would not support the continued use of muscle relaxants in this case. According to the Chronic Pain Guidelines, in the chronic setting, muscle relaxants are only to be utilized with caution as second-line agents in the presence of acute inflammatory process. While the claimant is noted to have chronic pain

complaints, the reviewed records do not document acute clinical findings or indication of long-term need for this muscle relaxant agent. Therefore, this request would not be supported as medically indicated.

RESTORIL 30 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS Chronic Pain Guidelines would not support continued use of Restoril in this case. Under the Chronic Pain Guidelines criteria, benzodiazepines are not recommended for use in the chronic setting, and there is no true indication for their use beyond four weeks from the time of the initial injury. Given the time that has elapsed from the date of injury, this request would not be supported as medically necessary.

LYRICA 75 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 19,99.

Decision rationale: California MTUS Chronic Pain Guidelines also would not support continued use of Lyrica in this case. Though the claimant is noted to have had prior cervical fusion, the reviewed records do not document the presence of a radicular process or clinical indication of a neuropathic component to the pain complaints. Absent those factors, the continued use of this agent would not be supported as medically necessary.