MAXIMUS Federal Services

Case Number:	CM13-0048749		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2010
Decision Date:	02/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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 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. 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:

This claimant was injured on 9/8/10. A 5/9/12 MRI scan of the cervical spine demonstrated extensive stenosis at the C3-4, C4-5, and C5-6 levels, with neuroforaminal stenosis at C5-6 and C6-7. A repeat MRI on 6/8/13 demonstrated severe degenerative disc disease at C4-5. At C5-6, there is moderate to severe degenerative disc disease and mild central stenosis, and at C6-7 there is degenerative disc disease. The claimant experiences neck pain, but no radiculopathy has been documented. There is weakness of the bilateral deltoids, biceps, wrist extensors, and wrist flexors. There is normal sensibility. Reflexes were noted to be brisk. There is a Hoffmann's sign on the left. Previous treatments have included three epidural steroid injections and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for artificial disc replacement at C5-C6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Artificial disc replacement cannot be supported based on the medical records and medical literature, as it would be considered experimental and investigational. There

are remarkable levels of disc pathology involved. There is evidence of myelopathy and nerve dysfunction. With this, it is likely that this claimant would benefit from surgical intervention; however, the surgery should have a record of long-term efficacy within the literature. Also, there should be some degenerative segments adjacent to this level being proposed. It is for these reasons artificial disc replacement is not supported. The request is not certified.

The request for 12 sessions of postoperative chiropractic treatment: 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.

The request for 4oz of Lidopro topical ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Chronic Pain Guidelines state that topical ointments are largely experimental in use with few randomized controlled trials to determine their safety or efficacy. As Lidopro is a topical ointment, the request cannot be supported. The request is not certified.

The request for ongoing follow-ups with a pain psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on imaging results and physical examination, the patient appears to have a neurocompressive lesion, but this is not confirmed within the medical records. There is no clear element of chronic pain that may benefit from a psychological evaluation. Follow-up visits, then, would not be supported. The request is not certified.

The request for ongoing follow-ups with a psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on imaging results and physical examination, the patient appears to have a neurocompressive lesion, but this is not confirmed within the medical records. There is no clear element of chronic pain that may benefit from a psychiatric evaluation. Follow-up visits, then, would not be supported. The request is not certified.