

<b>Case Number:</b>	CM14-0107303		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Texas and Michigan. 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 injured worker is a 41 year old male who sustained an injury to his upper back on 08/03/12 while performing usual and customary duties doing laundry. The injured worker lifted a 200 pound bundle, pulling the corners up to a hook and felt pain in the posterior shoulder/upper back that shot from the neck all the way down to the back. Orthopedic spine surgery progress report dated 05/12/14 reported that 04/29/14 revealed cervical spondylosis at C4-5, C5-6 and C6-7 discs showing mild progression since previous study; C4-5 2.5mm posterior disc protrusion; C5-6 mild degenerative retrolisthesis of C5 on C6 with 3mm posterior disc protrusion; moderate neural foraminal narrowing bilaterally; C6-7 3.5 posterior disc protrusion. The injured worker continued to complain of neck pain and upper back pain. Physical examination noted cervical lordosis well maintained; no evidence of tilt or torticollis; tenderness to palpation of the paracervical musculature, right trapezius musculature and right intrascapular space; sensory decreased over the left C7 dermatome distribution 24 degrees, extension 26 degrees, bilateral lateral bending 26 degrees in left rotation 40 degrees and right rotation 50 degrees; positive Spurling's sign; muscle strength 5/5 throughout; reflexes biceps 2+ bilaterally, triceps 4+ right, 2+ left, brachioradialis 1+ bilaterally; cervical distraction relieved the symptoms. The injured worker was recommended for C5 through seven Anterior cervical discectomy and fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One chest x-ray:** 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 Official Disability Guidelines (ODG) Low back chapter, Radiography (x-rays).

**Decision rationale:** The request for chest x-ray is not medically necessary. There was a lack of clinical documentation that the patient or injured worker was at risk. As the procedure was not supported, chest ray x-ray would not be supported as well. After reviewing the clinical documentation submitted for review, there was no additional significant clinical information provided that would support reverse of the previous adverse determination. As the surgical procedure was non-certified, medical necessity of the request for one chest x-ray is not indicated as medically necessary.

**One pre-operative medical clearance:** 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 Official Disability Guidelines (ODG) Low back chapter, Preoperative testing, general.

**Decision rationale:** The request for pre-operative medical clearance is not medically necessary. The clinical documentation submitted for review failed to support the requested procedure. As such, the request would not be supported. Given that the surgical procedure was not medically necessary; the request for pre-operative medical clearance is not indicated as medically necessary.

**One pneumatic intermittent compression device (purchase):** 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 Official Disability Guidelines (ODG) Shoulder Chapter, Compression garments.

**Decision rationale:** The request for pneumatic intermittent compression device (purchase) is not medically necessary. Clinical documentation submitted for review failed to indicate if the injured worker was at high risk of developing venous thrombosis indicating the type of pneumatic intermittent compression device that was being tested. The procedure was certified, and as such the request for pneumatic intermittent compression device purchase would also not be supported. Given that the requested surgical procedure was non-certified, the request for pneumatic intermittent compression device (purchase) is also not indicated as medically necessary.

**18 Post-operative physical therapy visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The request for 18 post-operative physical therapy visits is not medically necessary. Current evidence based guidelines recommend one half number visits specified in the general course of therapy. This request would be supported for 12 visits if the procedure had been certified. Given that the surgical procedure itself was non-certified; the request for 18 post-operative physical therapy visits are also not indicated as medically necessary.