

Case Number:	CM14-0010855		
Date Assigned:	02/21/2014	Date of Injury:	02/23/2000
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery, and is licensed to practice in New York. 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 patient is a 56-year-old male was injured on 7 or 8/23 2000 and he fell backwards moving furniture. He at L4-S1 fusion in 2002. He has subsequent hardware removal and revision of fusion in 2005. He also had multilevel cervical ACDF in 2013. The patient still has neck pain and difficulty with physical activity. On exam arm adduction is limited to 150°. Radiographically he has downsloping acromion. Cervical spine hardware is in good position. MRI of the shoulder and CT the cervical spine is been recommended. Electrodiagnostic studies showed no evidence of cervical radiculopathy November 2013. Patient still having numbness and tingling in the left upper extremity. X-rays of cervical spine showed bone filling of the cages at the lower 2 levels and questionable nonunion of the upper level. Patient has been using a bone stimulator. Recent CT July 2013 show postoperative changes with minimal canal stenosis. At issue is whether additional cervical surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR FACET SCREWS, POSTERIOR FACET FUSION AND LAMINOPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Fusion, Posterior Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2nd Edition, 2004, Chapter 8, Neck And Upper Back Complaints, Surgical Consideration, Page 179.

Decision rationale: This patient does not meet establish criteria for cervical decompression and fusion surgery. Specifically, the patient does not have an MRI shows severe canal stenosis. In addition a physical exam does not document specific radiculopathy or myelopathy. There is no evidence of cervical instability. The diagnosis of cervical nonunion has not been established. The CT scan does not clearly demonstrate nonunion. There is no evidence of hardware breakage. Physical examination does not correlate with imaging studies showing specific radiculopathy or myelopathy. Additional cervical spine decompression or fusion surgery is not medically necessary.

NORCO 10/325MG X 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

Decision rationale: The medical records do not indicate that the patient is involved in a functional restoration program. Also the medical records do not indicate that the patient has had clear benefit from previous narcotic therapy. The extent of improvement from any narcotic therapy has not been documented. The use of narcotics for chronic degenerative back and neck pain is not supported in the literature and is not supported by current guidelines. The request for Norco 10/325mg x 60 is not medically necessary