

Case Number:	CM14-0117852		
Date Assigned:	08/13/2014	Date of Injury:	01/07/2012
Decision Date:	09/24/2014	UR Denial Date:	07/05/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 47-year-old male claimant with reported injury of January 7, 2012. Examination from 5/22/2014 demonstrates report of neck pain and back pain rated as 8-9 out of 10. Low back pain is noted to have increased since her last visit, with increasing cramping and intermittent left leg provider notes limitations with sitting, standing, walking, caring for children, which increases pain. Provider notes that Norco is decrease pain 50%. Neck is described as constant pressure with radiation to the shoulders, worse on the left. Examination reveals tenderness of the cervical lumbar spine, decreased sensation of the C5, C6, C7 and C8 dermatomes on the left. Motor strength is graded as 5 minus over 5 wrist extensors and flexors bilaterally, intact lower extremity motor strength, and bilateral hyper-reflexia upper and left lower extremity reflexes. 3/26/14 demonstrates an unremarkable neck examination. Exam notes unremarkable findings in the upper extremities and normal neurologic examination. MRI cervical spine from 8/3/12 demonstrates disc degeneration with C5-C7 canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior foraminotomy on the left at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180--181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, discectomy/laminectomy.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. In addition the ODG Neck section, discectomy/laminectomy, states that there should be evidence of motor deficit or reflex changes correlating with the cervical level. There are conflicting exam reports from 5/22/14 and 3/26/14. The exam from 3/26/14 does not correlate with any imaging findings. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

Orthopedic follow-ups: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

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.

#1 Terocin pain patch: Upheld

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

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.

#60 omeprazole 20mg capsules: Upheld

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

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.

#90 hydrocodone/APAP 5/325mg: Upheld

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

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.