

Case Number:	CM14-0117862		
Date Assigned:	08/06/2014	Date of Injury:	01/07/2012
Decision Date:	09/12/2014	UR Denial Date:	07/16/2014
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 Neurological 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 records presented for review indicate that this 47-year-old male was reportedly injured on January 7, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 19, 2014, indicates that there are ongoing complaints of neck pain radiating to the left arm and back pain radiating to the left leg. It was stated that Norco decreased the injured employee's pain by 50% which allows him to walk out 50 minutes longer. The physical examination demonstrated tenderness along the cervical and lumbar spine with decreased sensation on the left side at the C5, C6, C7, and C8 dermatomes as well as the L3, L4, L5, and S1 dermatomes. Diagnostic imaging studies of the cervical spine indicated multilevel degenerative disc disease with mild canal stenosis. There was severe left foraminal narrowing at the C5-C6 level. Previous treatment includes epidural steroid injections, acupuncture, chiropractic care, and physical therapy. A request had been made for a left-sided posterior foraminotomy at C5-C6, and electrocardiogram, a Medicine consult for preoperative clearance, preoperative labs, a chest x-ray, a general orthopedic follow up, Terocin patches, hydrocodone, omeprazole, any follow-up in 4 to 6 weeks and was not certified in the pre-authorization process on July 16, 2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Discectomy/Laminectomy/Laminoplasty.

Decision rationale: According to the Official Disability Guidelines (ODG), the criteria for a discectomy/laminectomy/laminoplasty is recommended as an option if there is radiographically demonstrated abnormality to support clinical findings. There should be evidence of radicular pain and sensory symptoms in the clinical distribution that correlate with the involved cervical level as well as a motor deficit or reflex change or positive electromyography (EMG) findings at correlate with the cervical level. According to the progress note dated June 19, 2014, the injured employee has diffuse sensory deficits throughout the left upper extremity that do not correlate with the findings on the cervical spine MRI. Additionally there are no abnormal reflex or motor strength findings. Considering this, the request for a posterior foraminotomy on the left at C5-C6 is not medically necessary.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33p.

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 - Lumbar and Thoracic, Preoperative Electrocardiogram.

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

Medicine Consult preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

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 - Lumbar and Thoracic, Preoperative Testing, General.

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

Pre-op labs: 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 - Lumbar and Thoracic, Preoperative Lab Testing.

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

Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33p.

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 - Lumbar and Thoracic, Preoperative Testing, General.

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

General orthopedic follow-ups: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

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 - Lumbar and Thoracic, Office Visits.

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

#1 Terocin Pain Patch (10 Patches): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Terocin patches are a topical analgesic containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Terocin patches is not medically necessary.

90 Hydrocodone/APAP 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

60 Omeprazole 20mg capsules: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

One (1) follow up in 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (Chronic).

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 - Lumbar and Thoracic, Office Visits.

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