

Case Number:	CM14-0132782		
Date Assigned:	08/22/2014	Date of Injury:	03/17/2012
Decision Date:	10/08/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/19/2014

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 injured worker is a 46-year-old female who reported an injury on 03/17/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the cervical and lumbar spine. The injured worker's treatment history included cervical epidural steroid injections, aquatic therapy, multiple medications, and activity modifications. The injured worker was evaluated on 07/10/2014. The injured worker's medications included ibuprofen, Ultram 50 mg, Vicodin 5/500 mg. The physical findings included tenderness to palpation and decreased range of motion of the cervical spine with decreased range of motion and bilateral paravertebral muscle spasms of the lumbar spine. The injured worker's diagnoses cervical root lesions not elsewhere classified and thoracic or lumbosacral neuritis with radiculitis, unspecified. A Request for Authorization submitted on 07/10/2014 documented a request for cervical and lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical & lumbar surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 179-180; 306-307.

Decision rationale: The requested decision for one cervical & lumbar surgery is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the injured worker does have persistent cervical and lumbar spine pain, recalcitrant to conservative treatments. The American College of Occupational and Environmental Medicine recommends cervical intervention for the cervical and lumbar spine for patients who have significant radicular symptoms upon examination correlative of pathology identified on an imaging study that have failed to respond to conservative treatment. The injured worker's clinical documentation did include an imaging study of the lumbar spine and the cervical spine. It is also noted that the injured worker has failed to respond to conservative treatment. However, the Request for Authorization form dated 07/10/2014 and the submitted independent medical review request does not clearly identify what type of surgical procedure is being requested for the cervical lumbar spine. In the absence of this information, the appropriateness of this request itself cannot be determined. As such, the requested one cervical & lumbar surgery is not medically necessary or appropriate.