

Case Number:	CM14-0136287		
Date Assigned:	09/03/2014	Date of Injury:	10/05/2005
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Texas. 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 60 year old male who was injured on 10/05/05. The injured worker underwent anterior fusion of C3-4 and C5-6 and C6-7 date unknown. MRI of the cervical spine dated 03/06/14 revealed post-operative status with anterior fusion of C3 and 4 vertebral bodies and intervening disc in the C5, C6, and C7 vertebral bodies and intervening disc; susceptibility artifacts due to metallic hardware C3-4, limiting evaluation, this maybe further evaluated by CT myelogram, if clinically indicated; diffuse disc bulge of C4-5 causing mild narrowing of the central canal and neural foramina bilaterally measuring approximately 3mm; and mild diffuse disc bulge of C2-3 and C7-T1 disc, without any significant central canal or neural foraminal narrowing. Treatment to date includes surgery, physical therapy, and medication. Most recent note dated 08/01/14 the injured worker continued to complain of cervical spine pain especially with extension and turning of his neck. Pain radiated to the right hand with numbness and tingling. His low back was locked up. Physical examination revealed cervical spine tenderness to palpation in paraspinals, well healed incision. Well decreased range of motion secondary to pain positive Spurling's and tenderness in the right sacroiliac joint. Positive Hoffman. In review of clinical records dated 05/28/14, 06/20/14, examinations stayed the same with positive Spurling's, Hoffman tenderness in the paraspinals of his cervical spine. Although there was no documentation of right shoulder problems or range of motion or any physical findings of the right shoulder. Prior utilization review denied the ACDF and Norco. Current request was for C4-5 ACDF with removal of adjacent level disease to treat right shoulder and Norco 7.5 325 #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 Anterior cervical discectomy and fusion with removal of adjacent level disease to treat right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 180.

Decision rationale: The request for C4-C5 Anterior cervical discectomy and fusion is medically necessary. The injured worker underwent anterior fusion of C3-4 and C5-6 and C6-7 date unknown. MRI reveals a diffuse disc bulge of C4-5 causing mild narrowing of the central canal and neural foramina bilaterally measuring approximately 3mm. The pathology is at an adjacent level, C3/C4 and C5/C6, C6/C7. Physical examination revealed cervical spine tenderness to palpation in paraspinals, well healed incision; decreased range of motion secondary to pain; positive Spurling's; tenderness in the right sacroiliac joint and positive Hoffman. In review of clinical records dated 05/28/14, 06/20/14, examinations stayed the same with positive Spurling's and Hoffman. Tenderness in the paraspinals of his cervical spine. He has failed conservative treatment. Therefore, medical necessity has been established.

Norco 7.5/325mg QTY: 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.