

Case Number:	CM14-0020806		
Date Assigned:	04/30/2014	Date of Injury:	04/17/2008
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Pennsylvania. 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 claimant is a 52-year-old female who sustained an injury to the neck in a work related accident on April 17, 2008. The records provided for review document that on May 24, 2012 the claimant underwent a C4-5 and C5-6 right sided foraminotomy. The clinical report of January 16, 2014 indicated ongoing complaints of neck pain, headache and dizziness. Examination findings showed tenderness and spasm of the trapezius, restricted range of motion, and 4/5 right deltoid, biceps and rotator cuff strength. The recommendation was made for a two level cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE CLEARANCE: 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 AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 127.

Decision rationale: Based on California ACOEM Guidelines, the request for preoperative medical clearance would not be indicated. While surgery is being requested, there is no

indication that the proposed two level cervical fusion has been authorized or scheduled. In absence of documentation that indicates the surgery is approved, the request for preoperative assessment is not supported.

POSTOPERATIVE HOME HEALTH CARE FOR 2 HOURS PER DAY X 10 BUSINESS DAYS (M-F): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Based on California Chronic Pain Guidelines, the request for postoperative home health care would not be indicated. While surgery is being requested, there is no indication that the proposed two level cervical fusion has been authorized or scheduled. In absence of documentation that indicates the surgery is approved, the request for postoperative home health care is not supported.

THIRTY (30) DAY SUPPLY OF TENS UNIT WIRES AND PADS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for TENS unit supplies would not be indicated. While surgery is being requested, there is no indication that the proposed two level cervical fusion has been authorized or scheduled. In absence of documentation that indicates the surgery is approved, the request for TENS unit supplies is not supported.