

Case Number:	CM14-0024844		
Date Assigned:	06/20/2014	Date of Injury:	03/21/2008
Decision Date:	08/11/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation and Pain Medicine 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 48 year old female whose date of injury is 03/21/2008. Progress report dated 02/05/14 indicates that chief complaints are neck pain, shoulder pain and spine injury. The injured worker is not currently working. The injured worker is status post C4, C5 and C6 corpectomies with C4-7 anterior interbody fusion on 03/27/08. Diagnoses are cervical spinal stenosis, nonunion of fracture, intervertebral disc disorder with myelopathy, central cord syndrome C5-C7, and pseudoarthrosis of the spine. The injured worker was recommended to undergo exploration of fusion, removal of hardware and redo fusion with interbody cage graft construct from C4-C7. Inpatient evaluation dated 05/12/14 indicates that the injured worker is status post redo interbody fusion on 05/07/14. Supplemental report dated 07/07/14 indicates that she had a wound dehiscence.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP REHABILITATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Based on the clinical information provided, the request for post-op rehabilitation is not recommended as medically necessary. The submitted records indicate that the injured worker is status post redo interbody fusion on 05/07/14. There is no comprehensive assessment of postoperative treatment completed to date or the injured worker's response thereto submitted for review. The request is nonspecific and does not indicate the frequency, duration or modalities being requested. Therefore, the request is not in accordance with California Medical Treatment Utilization Schedule (CAMTUS) guidelines, and medical necessity is not established.