MAXIMUS Federal Services

Case Number:	CM14-0027836		
Date Assigned:	06/20/2014	Date of Injury:	12/23/2009
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 59-year-old female who reported an injury on 12/23/2009 from a motor vehicle accident. The injured worker had a history of low back and neck pain. Upon examination on 01/29/2014, the injured worker noted moderate pain over the left C2-C3 and right C5-C6 with right paraspinal spasms. The range of motion showed forward flexion 55 degrees with slight pain, extension 40 degrees with moderate pain, referred to left side, bilateral rotation 70 degrees with slight pain on left referred to left side, and bilateral lateral flexion 45 degrees with slight pain on left referred to left side. The Spurling's sign was negative. The motor strength was 5/5 throughout both upper extremities. The sensibility was mildly decreased over the right first, second and third digit. The lumbar spine range of motion was complete with moderate pain noted over left L4-L5 and L5-S1 segments. The bilateral flip test was 90 degrees with no referral to lower extremities. The motor strength was 5/5 throughout both lower extremities. Upon examination on 11/01/2013 medications such as NSAIDs, neuropathic, and low dose opiates were recommended. The injured worker was also seen on 10/02/2013 and 08/28/2013 with unchanged results. The injured worker returned to work for full duty. The injured worker had a diagnosis of cervical disc injury with status post fusion, lumbar degenerative joint disease with discogenic pain, left sacroiliac arthralgia, carpal tunnel syndrome, cubital tunnel syndrome, and depression. The injured worker was requesting surgical option of disc replacement. The injured worker had a spinal fusion to the cervical disc before and would rather have a replacement instead. The injured worker was not a candidate for surgical intervention at this time for the cervical spine. The injured worker's diagnostic studies, surgeries and procedure included a MRI of the cervical spine that showed progression of broad-based disc osteophyte complex at C4-C5, causing mild to moderate central canal narrowing and severe bilateral NF narrowing. The electromyogram/nerve conduction study (EMG/NCV) on 05/10/2010 of the upper extremities, right sacroiliac (SI) joint injection under fluoroscopy with sedation on 09/16/2010. The injured workers treatments were sacroiliac belt, lumbar injections that were helpful and effective in the past, radiofrequency ablation on

10/13/2013 which decreased pain significantly, physical therapy, and occupational therapy. The medications were Tramadol, Ibuprofen, Lidoderm, and Vicodin. The treatment plan was for consultation with a spine surgeon for possible cervical disc replacements. The request for authorization form was dated 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a spine surgeon for possible cervical disc replacements.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term, and unresolved radicular symptoms after receiving conservative treatment. The provider for the injured worker recommended medications to be appropriate for the treatment of pain. The injured worker was not felt to be a candidate for spine surgery on exam on 11/01/2013. The injured worker had responded positively to lumbar injections and radiofrequency ablations, which decreased the pain significantly. There is no other significant documentation to support the need for a consult to the surgeon at this time. As such, the request is not medically necessary and appropriate.