

Case Number:	CM14-0032110		
Date Assigned:	06/20/2014	Date of Injury:	03/06/2012
Decision Date:	07/23/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 55-year-old lady who was injured on March 6, 2012. The mechanism of injury was cumulative trauma. The most recent progress note dated January 14, 2014 indicates there are ongoing complaints of bilateral upper extremity pain. The physical examination demonstrated a 5'4", 195 pound individual who is borderline hypertensive (136/80). Diagnostic imaging studies objectified the previous fusion mass to be solid. Previous treatment includes cervical laminectomy, discectomy and fusion C3-C6, acupuncture, and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Posterior Spinal Fusion and Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-181, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low BackODG, Cervical Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Cervical and Thoracic Spine Disorders. Clinical Measures: Surgical Considerations-Spinal Fusion.

Decision rationale: A multiple level cervical fusion has been completed. There are additional upper extremity complaints without objectification of a specific nerve root compromise or radiculopathy. There are several comorbidities that would lead one to believe that the relative chance of success is minimal at best. Therefore, without a reasonable expectation of success, the objectification of radiculopathy and tempered by the parameters outlined in the California Medical Treatment Utilization Schedule Guidelines (CAMTUS) this request is not medically necessary.

Post operative Physical Therapy x 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Bone Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Neck Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Spine.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home Health Aide, 4 hours per day, at least 3 times per week to assist post operative:
Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.