

Case Number:	CM14-0037445		
Date Assigned:	06/25/2014	Date of Injury:	05/02/2012
Decision Date:	08/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 Ortho Spine Surgeon and is licensed to practice in New York. 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:

This is a 57 year old female with a DOI of 5/2/12. She has chronic neck pain. Physical exam shows neck tenderness to palpation. There is decreased sensation in bilateral ulnar and right c7 dermatome. Xrays show c5-6 osteophyte complex with mild to moderate stenosis. MRI shows loss of c5-6 disc height. Patient has failed conservative measures for one year. He has had injection therapy in the last injection did not provide relief. Question is there a need for anterior cervical discectomy and fusion surgery and associated items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C5-6 with iliac crest autograft: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: This patient does not meet establish criteria for cervical anterior discectomy and fusion surgery. Specifically, there is no correlation between physical exam showing specific neurologic deficit and MRI imaging studies showing specific compression of an infected nerve root. In addition, there is no evidence of cervical instability, fracture or tumor. The patient has

no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. There is no role for his fusion surgery and guidelines are not met. Fusion surgery for degenerative cervical disc condition is not likely to relieve chronic neck pain symptoms more than continued conservative measures. Guidelines for ACDF surgery not met. Therefore is not medically necessary.

Pre-operative labs (CBC PT PTT UA BMP) CHEST X-RAY and EKG: Upheld

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

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.

DME purchase hard and soft cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper back.

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.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: Guidelines note that opioids are not recommended on a long-term uses for chronic neck pain. Criteria are not met in this case. The medical records do not document the severity of the patient's pain score with current medications. Also not documented as amount of relief the patient is getting with medication use. Narcotic therapy is not recommended for patients with chronic neck pain. In this case, more documentation is required prior to Norco use. Guidelines currently not met for Norco use. Therefore the request is not medically necessary.

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Lidocaine patch is considered experimental for the treatment of patients with chronic neck pain. There were a few studies to determine the safety and efficacy of Lidoderm patch. There were no studies demonstrating its efficacy with neck pain. Palmar recommended for neuropathic pain. In this case the patient has chronic neck pain without documentation of failed trials of antidepressants and anticonvulsants estimated by guidelines for use of Lidoderm patch treatment. The criteria are for use has not been met, therefore is not medically necessary.