MAXIMUS Federal Services

Case Number:	CM14-0040250		
Date Assigned:	06/30/2014	Date of Injury:	02/25/2013
Decision Date:	08/08/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas, Montana and Tennessee. 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 47-year-old female who reported an injury on 02/25/2013. The mechanism of injury was not specifically stated. Current diagnoses include cervical disc degeneration with foraminal stenosis and left-sided radiculopathy, left shoulder rotator cuff tendinitis with impingement, and weakness in the deltoid and biceps on the left. The injured worker was evaluated on 03/03/2014 with complaints of localized pain in the shoulder with decreased abduction and stiffness. Physical examination revealed mildly positive Spurling's maneuver, mild posterior neck pain, intrinsic shoulder stiffness, mildly positive impingement, weakness in the left biceps, and slightly diminished sensation in the left upper extremity. It is noted that the injured worker has been previously treated with a cervical epidural steroid injection and physical therapy. Treatment recommendations at that time included a C5-6 laminoforaminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5/6 laminoforaminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines, Online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy-laminectomy-laminoplasty.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than 1 month with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion; and unresolved radicular symptoms after receiving conservative treatment. Official Disability Guidelines state prior to a discectomy/laminectomy/laminoplasty, there must be evidence of radicular pain and sensory symptoms in a cervical distribution or the presence of a positive Spurling's test. There should be evidence of motor deficit, reflex changes, or positive EMG findings. Etiologies of pain such as metabolic sources, nonstructural radiculopathies, and/or peripheral sources should be addressed. There should also be evidence of a failure to respond to at least 6 to 8 weeks of conservative treatment. As per the documentation submitted, the injured worker reports persistent pain in the left upper extremity. There were no electrodiagnostic studies or imaging studies provided for this review. Without confirmatory findings, the current request cannot be determined as medically appropriate at this time. As such, the request is not medically necessary.

23 hour outpatient stay: Upheld

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

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.

Surgical assistant: PA: Upheld

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

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.

Labs: CBC(complete blood count) PTT(partial thromboplastin time) PT(prothrombin time) INR(international normalized ratio) MRSA: Upheld

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

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(durable medical equipment) soft collar: Upheld

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

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.