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| Case Number: | CM14-0082817 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 01/06/2012 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 05/14/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 claimant is a 67 year old female who injured her neck on 01/06/12. The records provided for review document that following a course of conservative care, the claimant underwent a C 4-7 anterior cervical discectomy and fusion on 02/26/13. The report of the clinical assessment of 04/07/14 described continued low back complaints and headache. The physical examination showed diminished strength, extensor hallucis longus with -5/5, and no documentation of cervical radicular findings. The claimant was diagnosed with lumbar disc herniation with stenosis, cervical myelopathy and lumbar radiculopathy. There is documentation of recent treatment to include chronic medication management, Botox and facet joint injections to the cervical spine, physical therapy and activity restrictions. This is a request for continuation of physical therapy for eight additional sessions for the cervical spine and continued use of Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79,80,81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, page 91; Opioids: Criteria for Use, page 76-80 Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the continued use of Hydrocodone, which is a short acting narcotic analgesic, cannot be recommended as medically necessary. The medical records do not document that the claimant receives significant benefit or is capable of advancing his activity level or level of function with use of the drug as recommended by the Chronic Pain Guidelines. There is no documentation that it is providing the claimant with any long term benefit. Given the claimant's clinical presentation, there is no indication of acute clinical findings that would support the continued use of this short acting narcotic analgesic for this claimant's chronic course of treatment.

Additional PT to neck x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, (Neck and Upper Back).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Post Surgical Rehabilitative Guidelines do not recommend further physical therapy for the claimant's cervical spine. Following cervical fusion, the Post Surgical Guidelines recommend up to twenty-four visits with a post surgical treatment period of up to six months. This individual is now over one year post surgery with no indication of acute clinical findings on examination. There is no documentation to indicate that the claimant would not be capable of transitioning to an aggressive home exercise program at this point in rehabilitation.