MAXIMUS Federal Services

Case Number:	CM14-0082992		
Date Assigned:	07/21/2014	Date of Injury:	12/15/2004
Decision Date:	08/26/2014	UR Denial Date:	05/31/2014
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 Texas. 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 60-year-old male who reported an injury on 12/15/2004. The mechanism of injury was not specifically stated. The current diagnoses include chronic intractable neck pain, chronic midback pain, chronic low back pain, a history of urinary incontinence, reconstruction of urethral sphincter in 01/2010, bilateral carpal tunnel syndrome, midthoracic lumbar disc herniation, status post ACDF, cervical radiculopathy and status post ALIF. The injured worker was evaluated on 12/11/2013 with complaints of aching discomfort in the right upper extremity with weakness and activity limitation. A surgical history includes an L5-S1 ALIF on 04/09/2011, a C3-7 ACDF on an unknown date and a transforaminal lumbar interbody fusion in 2008. Previous conservative treatments were not mentioned. Physical examination revealed 50 degrees of cervical flexion, 30 degrees of cervical extension, 60 to 80 degrees of cervical rotation, weakness in the right deltoid, intact sensation in the upper extremities, mild muscle atrophy of the right deltoid and biceps, and diminished grip strength on the right. Treatment recommendations at that time included a repeat MRI of the cervical spine as well as a CT scan of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth stimulator quantity one: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Low Back Chapter, Bone Growth Stimulator.

Decision rationale: The Official Disability Guidelines state that either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with risk factors for a failed fusion. As per the documentation submitted, there is no indication that this injured worker is scheduled to undergo a spinal fusion at this time. Therefore, the medical necessity for the requested durable medical equipment has not been established. As such, the request is non-certified.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Primary criteria includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program or for clarification of the anatomy prior to an invasive procedure. There is no documentation of an exhaustion of conservative treatment. There is no evidence of a failure to progress in a strengthening program. There was also no indication that this injured worker is scheduled to undergo an invasive procedure. As the medical necessity has not been established, the request is non-certified.

CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Primary criteria includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program or for clarification of

the anatomy prior to an invasive procedure. There is no documentation of an exhaustion of conservative treatment. There is no evidence of a failure to progress in a strengthening program. There was also no indication that this injured worker is scheduled to undergo an invasive procedure. As the medical necessity has not been established, the request is non-certified.