

Case Number:	CM14-0088248		
Date Assigned:	07/23/2014	Date of Injury:	01/07/2012
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/12/2014

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 47 year old gentleman with neck, back and upper extremity pain as a result of an injury on 01/07/12. The records provided for review include documentation of a 05/13/14 office visit noting ongoing complaints of headache and neck related pain complaints. Treatment for the claimant's symptoms has been conservative with use of medications, injections, physical therapy and activity restrictions. Physical examination findings of the neck showed tenderness to palpation and a normal neurologic evaluation with intact sensation, equal and symmetrical deep tendon reflexes and 5/5 motor strength of the upper extremities. Continued medication management was recommended. The report of an MRI dated 01/08/14 identified multi-level degenerative disc disease and left sided foraminal narrowing at C5-6 but no specific documentation of compressive pathology. This request is for posterior foraminotomy at the left C 5-6 level

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Foraminotomy on the left at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-166 179.

Decision rationale: Based on California ACOEM Guidelines, the surgical request for Posterior Foraminotomy on the left at C5-6 cannot be recommended as medically necessary. The ACOEM Guidelines recommend that decompression is recommended in individuals with debilitating symptoms and physiological evidence of specific nerve root compromise on examination. This individual has degenerative findings at the C5-6 level with a recent physical examination showing no documentation of focal motor, sensory, or reflexive change to the left or right upper extremity. Without clinical correlation between the claimant's physical examination findings and imaging, the acute need of operative process would not be supported. Therefore, the request of posterior Foraminotomy on the left at C5-6 is not medically necessary and appropriate.

Terocin Pain Patch Box 10 patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Chronic Pain Guidelines would not support continued use of Terocin Pain Patches. According to the Chronic Pain Guidelines, Terocin is a topical compounding agent of uncertain efficacy in the chronic setting. Specific ingredient to Terocin would include Lidocaine. Lidocaine is indicated for second line treatment of neuropathic pain after first line agents, such as Gabapentin, Lyrica or Tricyclic antidepressants have failed. Records do not identify first line treatment for neuropathic pain. Therefore, the specific request for Terocin Pain Patch Box 10 patches is not medically necessary and appropriate.

Orthopedic Follow-ups: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, 127.

Decision rationale: While this individual may not be an ideal surgical candidate, he still possesses clinical complaints that would require follow-up and assessment. The role of orthopedic follow up on a symptomatic basis would be supported for this individual. Therefore, the request of Orthopedic Follow-ups is medically necessary and appropriate.

General Practitioner Follow-ups: 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.