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| Case Number: | CM14-0088518 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 08/04/2011 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 05/09/2014 |
| 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 54 year old male who sustained a vocational injury on 08/04/11. The records provided for review document working diagnoses includes cervical radiculopathy, lumbar radiculopathy, and chronic pain. The report of the office visit on 06/16/14 noted neck pain that radiated to both upper extremities, with tingling to the level of the hands and muscle weakness. Physical examination revealed vertebral tenderness in the cervical spine C3-7, tenderness of the trapezius muscles bilaterally and the bilateral paravertebral area. The range of motion was limited with flexion to 35 degrees, extension to 35 degrees, and rotation to the left to 65 degrees and to the right 65 degrees. Pain was significantly increased on flexion, extension and rotation. Sensory exam showed decreased sensation in the bilateral upper extremities, in the affected dermatome, C5-7 and C7 -T1. Motor exam showed decreased strength. The report of the cervical spine MRI dated 05/01/13, showed multi-level degenerative disc disease with mild to moderate central canal stenosis from C3 -7. There are multi-level bilateral moderate severe neural foramina narrowing, secondary to prominent uncovertebral hypertrophy. Normal cervical spine report. The claimant has failed conservative management in the form of medications, activity modification, formal physical therapy and an epidural steroid injection by a pain management service on 01/10/14. The current request is for a C3 - T1 AP fusion with cage and instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3- T1 AP fusion with cage and instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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); Treatment in Worker's Comp; 2013 Updates; Chapter Neck & Upper Back chapter - Fusion.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for C3-T1 AP fusion with cage and instrumentation cannot be recommended as medically necessary. Documentation presented for review fails to establish what the claimant's current smoking status is, which would be imperative to know, prior to considering a five level cervical fusion. Documentation presented for review also fails to establish that the five levels requested for fusion have established abnormal physical exam objective findings consistent with radiculopathy. Documentation also fails to establish that there is instability and pathology at the five requested levels requested for the fusion, based on the MRI available for review from 05/01/13. There are no electrophysiologic diagnostic studies available for review, to conform or corroborate pathology from both the physical exam objective findings as well as the MRI from May of 2013 as recommended by ACOEM Guidelines. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM and Official Disability Guidelines, the request for the C3 - T1 AP fusion with cage and instrumentation cannot be considered medically necessary.

Three day in patient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.

Assistant Surgeon PA-C: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.

Pre-operative Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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); ACOEM Chapter 7, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chest X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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); ACOEM Chapter 7, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Soft Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Hard Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cold Therapy Unit x 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Neck & Upper Back chapter - Continuous-flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pneumatic intermittent Compression Device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Com; 2-13 Updates; Knee and Leg chapter - Venous Thrombosis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Bone Growth Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Low Back chapter - Bone Growth Stimulators.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.

Random drug toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 76-77, 85, 89, 94.

Decision rationale: In regards to the request for random drug toxicology screening, documentation presented for review suggests the claimant continues to be on long term medications California Chronic Pain Medical Treatment Guidelines support random drug toxicology screenings to insure that the claimant's is safely and effectively using medications which are prescribed for him and also as a means of monitoring medications and treatment regimes. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for the random drug toxicology screenings would be considered medically necessary.

Pre-Operative follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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); ACOEM Chapter 7, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.