

Case Number:	CM14-0209114		
Date Assigned:	12/22/2014	Date of Injury:	08/01/1999
Decision Date:	02/25/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas
Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old female who reported an injury on 08/01/1999. The mechanism of injury was not provided. On 11/05/2014, the injured worker presented with persistent pain in the neck with radiation to the bilateral shoulders. Diagnoses were status post cervical fusion at C5 to C7 and adjacent level disc disease at C3-4 and C4-5 with foraminal stenosis and bilateral radiculopathy and neurological deficit. The x-ray of the cervical spine revealed the presence of previous fusion from C5 to C7 with intact hardware and collapse of disc space at C3-4 and C4-5 causing kyphotic deformity. Upon examination of the cervical spine, there was marked limitation in the neck in all directions. A neurological exam of the upper extremities revealed hypoactive elbow and wrist reflexes. The injured worker had generalized muscle weakness in the bilateral upper extremities. Pain was localized mostly to the shoulder area and right side of the neck. The provider recommended an anterior cervical discectomy and fusion from C3-4 and C4-5 with hardware removal at C5-6 and C6-7 and morphine sulfate 30 mg. The Request for Authorization Form was dated 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

80 IR Morphine Sulfate 30mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (morphine sulfate and Opioids, Criteria for use Page(s): 23, 78.

Decision rationale: The request for 80 IR morphine sulfate 30mg #80 is not medically necessary. The California MTUS Guidelines state that opioids are intended for use for patients who have moderate to severe pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. A current urine drug screen was not submitted for review. Additionally, there is no information on treatment history and length of time the injured worker has been prescribed morphine. Therefore, the request is not medically necessary.

1 Anterior Cervical Discectomy & Fusion C3-4, C4-5, hardware removal C5-6, C6-7:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hardware Removal.

Decision rationale: The request for 1 anterior cervical discectomy & fusion C3-4, C4-5, hardware removal C5-6, C6-7 is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgical consideration is indicated when there is evidence of severe debilitating symptoms and evidence of specific nerve root or spinal cord dysfunction with appropriate diagnostic studies if the patient has failed to respond to conservative treatment. Discectomy is recommended as an option if there are radiographically demonstrated abnormalities to support clinical findings consistent with progression of myelopathy or focal motor deficit and presence of a spinal instability when performed in conjunct with stabilization. The Official Disability Guidelines further state that hardware removal is not recommended except in cases of broken hardware or persistent pain after ruling out other causes of pain such as infection or a nonunion. The included medical documentation noted x-rays of the cervical spine that confirmed a solid fusion from C5 to C7 with intact hardware. The procedure to remove hardware at the cervical spine does not appear medically necessary. Furthermore, an MRI of the cervical spine confirmed a 3 mm disc bulge and moderate foraminal narrowing. There is no evidence of myelopathy or radiculopathy. Therefore, the request is not medically necessary.