

Case Number:	CM15-0101425		
Date Assigned:	06/03/2015	Date of Injury:	02/26/2014
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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(n) 37 year old male, who sustained an industrial injury on 2/26/14. He reported pain in his neck after striking his head on a metal pipe. The injured worker was diagnosed as having status post anterior cervical discectomy and total disc arthroplasty C4-C5 for an extrusion and C6-C7 left lateral recess disc herniation and arthrosis with spondylotic radiculitis. Treatment to date has included cervical spine surgery on 8/15/14 and a cervical MRI on 4/2/15 showing changes with total disc arthroplasty at C4-C5. On 5/29/14, the injured worker reported no previous medical conditions or routine medication use. He denies smoking or alcohol use. There is no documentation of post-operative complications or new systemic diagnosis. As of the PR2 dated 4/16/15, the injured worker reports continued cervicothoracic junctional pain, cervical spinal headaches and left arm pain and numbness. Objective findings include limited cervical range of motion and tenderness to palpation at the cervicothoracic junction, levator scapula and trapezial region. The treating physician requested medical clearance by the primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance by primary care physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, preoperative clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states pre-operative clearance is needed for risk stratification based on type of surgery and patient's co-morbidities. However the procedure, epidural steroid injection, does not routinely require medical clearance and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.