

Case Number:	CM15-0180962		
Date Assigned:	09/22/2015	Date of Injury:	09/21/1953
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female, who sustained an industrial injury on September 21, 2007. She reported neck pain and bilateral upper extremity pain with radicular symptoms. The injured worker was diagnosed as having postlaminectomy syndrome of the cervical spine, cervical spondylosis without myelopathy, cervical spinal stenosis, brachial neuritis, musculoligamentous strain and sprain of the cervical spine, cervical disc herniations at cervical 5-6 and cervical 6-7 with cervical radiculopathy and status post anterior cervical discectomy and fusion at cervical 5-6 and cervical 6-7 with resolution of radiculopathy (8-12-2014), chronic neck pain and stable pseudoarthrosis documented on computed tomography (CT) scan. Treatment to date has included diagnostic studies, surgical intervention of the cervical spine, physical therapy, medications and work restrictions. It was noted she had reached maximum medical improvement. Currently, the injured worker continues to report neck pain and stiffness with no continued upper extremity radicular symptoms. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on May 7, 2015, revealed continued pain as noted. She rated her pain at 6-7 on a 1-10 scale with 10 being the worst. It was noted she was not currently taking any medications. It was also noted CT scan of the cervical spine revealed what appears to be incomplete fusion at the interbody graft at cervical 5-6 and cervical 6-7. There was no noted radiolucency around the graft. The cervical plate was noted as intact with no evidence of radiolucency about the hardware. She had noted pain and spasm of the cervical region with palpation. The cervical range of motion was noted as decreased. The lower extremity exam revealed no abnormalities. Evaluation on July 1, 2015, revealed findings from recent CT scan

including stable fusion and no loosening of hardware. Evaluation on August 27, 2015, revealed posterior neck pain radiating to the right arm. The surgical wound was described as clean. X-ray of the cervical spine revealed good position of hardware. The RFA included a request for 1 shower handrail and was non-certified on the utilization review (UR) on September 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 shower handrails: 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) Knee & Leg (Acute & Chronic) Durable Medical Equipment (DME) (2015); Shower Grab bars (2015).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on general approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of a shower handrail. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established. The request is not medically necessary.