

Case Number:	CM15-0187462		
Date Assigned:	10/02/2015	Date of Injury:	03/14/2008
Decision Date:	11/16/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/23/2015

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: New York, Montana, California
 Certification(s)/Specialty: Neurological 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 65 year old male who sustained an industrial injury on 3-14-08. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for chronic back pain, failed back surgery syndrome, lumbar radiculopathy and lumbar myofascial pain. Provider documentation dated 5-21-15 noted the work status as - provider documentation was illegible. Treatment has included MS Contin, Vicodin since at least February of 2015, Percocet since at least February of 2015, Gabapentin since at least February of 2015, magnetic resonance imaging, status post spinal fusion (4-18-11), and psychiatric evaluation. Objective findings dated 5-21-15 were illegible. The original utilization review (8-19-15) denied a request for Revise anterior cervical discectomy and fusion at C5-C6 and C6-C7, remove and explore at C4-C6, and ACI at C4-C7, Associated surgical service: assistant surgeon, Associated surgical service: inpatient stay - 1 day, Post-op cervical collar - purchase, Post-op external bone growth stimulator - purchase, Post-op physical therapy - cervical spine, 3 times weekly for 6 weeks, Percocet 10-325 mg #100 and Diazepam 5 mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revise anterior cervical discectomy and fusion at C5-C6 and C6-C7, remove and explore at C4-C6, and ACI at C4-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Low Back Chapter, Hardware Implant removal (fixation).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of this. The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Revise anterior cervical discectomy and fusion at C5-C6 and C6-C7, remove and explore at C4-C6, and ACI at C4-C7 is not medically necessary and appropriate.

Associated surgical service: assistant surgeon: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: inpatient stay - 1 day: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op cervical collar - purchase: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op external bone growth stimulator - purchase: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op physical therapy - cervical spine, 3 times weekly for 6 weeks: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Percocet 10/325 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: The California MTUS guidelines page 92 note that Percocet (Oxycodone) should initially be administered 2.5 to 5 mg every four to 6 hours. The guidelines page 78- further recommend that the lowest possible dose to gain effect should be chosen. In the management of the patient receiving opioids, the guidelines also recommend the patient keep a diary and the provider monitor the patient for physical and psychosocial functionality and side effects. Documentation does not provide this evidence. The requested treatment Percocet 10/325 mg#100 is not medically necessary and appropriate.

Diazepam 5 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California MTUS guidelines Chronic Pain Medical Guidelines note that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Diazepam (Valium) is a benzodiazepine and thus -the requested treatment: Diazepam 5 mg #100 is not medically necessary and appropriate.