

Case Number:	CM15-0199181		
Date Assigned:	10/14/2015	Date of Injury:	12/02/2010
Decision Date:	12/04/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/09/2015

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 57 year old female, who sustained an industrial injury on 12-2-10. The injured worker was diagnosed as having chronic pain syndrome, cervical radiculopathy, migraine headaches. Treatment to date has included at least 6 sessions of acupuncture. On 7-14-15 the treating physician noted objective findings of "multilevel C4-5 and C5-6 herniated nucleus pulposus." On 8-6-15, the injured worker complained of pain in the knees, wrists, neck, and shoulder. The treating physician requested authorization for hybrid total disc and anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7. Other requests included acupuncture 1x6 for the cervical spine, thoracic spine, and left shoulder, a TENS extended rental for 6 months, a pain medicine follow-up, an orthopedist follow-up, and an upper extremity surgeon initial consultation. On 9-28-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hybrid total disc and ACDF (Anterior cervical discectomy and fusion) C4-5, C5-6, C6-7:
 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) Neck & Upper back Chapter (updated 6/25/15) Fusion, anterior cervical; Disc prosthesis.

MAXIMUS 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) Neck chapter-Disc prosthesis.

Decision rationale: 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 MTUS guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The ODG guidelines note that disc prosthesis is under study. Long-term results are still pending. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The requested treatment: Hybrid total disc and ACDF (Anterior cervical discectomy and fusion) C4-5, C5-6, C6-7 is not medically necessary and appropriate.

Acupuncture 1x per week for 6 weeks, cervical/thoracic spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines recommend acupuncture if there is functional improvement in 3-6 treatments. The guidelines allow treatments one to three times a week with an optimum duration of 1-2 months if the patient is responding. The requested treatment: Acupuncture 1x per week for 6 weeks, cervical/thoracic spine and left shoulder is not ordered in compliance with the above guidelines. The requested treatment: Acupuncture 1x per week for 6 weeks, cervical/thoracic spine and left shoulder is not medically necessary and appropriate.

TENS extended rental for six (6) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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

Decision rationale: The California MTUS Chronic Pain guidelines do not recommend transcutaneous electrical nerve stimulation (TENS) as a primary treatment modality. They do allow a one month home based TENS trial. The request for six months rental exceeds the guidelines. The requested treatment: TENS extended rental for six (6) months is not medically necessary and appropriate.

Pain medicine follow-up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (updated 9/8/15) -Office visits; ACOEM guidelines (2004), Independent Medical Examinations and Consultations Chapter 7.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines 2009 state that the physician shall be, "knowledgeable regarding prescribing information and adjust the dosing [i.e. how often {frequency} and how much {intensity}] to the individual patient." The pain medicine specialist would be expected to know doses and parameters in the treatment of the patient. He would recommend duration and frequency. The requested treatment: Pain medicine follow-up is medically necessary and appropriate.

Orthopedist follow-up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (updated 9/8/15) -Office visits; ACOEM guidelines (2004), Independent Medical Examinations and Consultations Chapter 7.

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

Decision rationale: In the California MTUS guidelines Algorithm 8-1, in the absence of red flags it is recommended that the patient be observed and treated without testing for 4-6 weeks. Documentation does not show red flags. It would then be the standard of care to see the patient in follow-up for further observation. The requested treatment: Orthopedist follow-up is medically necessary and appropriate. The guidelines state that follow-up every four to seven days if the patient is not working is acceptable.

Associated surgical service: Upper Extremity (UE) surgeon initial consultation: 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.