MAXIMUS Federal Services

Case Number:	CM15-0032562		
Date Assigned:	02/26/2015	Date of Injury:	06/13/2011
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/20/2015

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: Oregon, 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 50-year-old female who reported an injury on 06/13/2011. The mechanism of injury involved a fall. The current diagnoses include left knee medial meniscus tear, left knee sprain, status post left knee surgery on 10/20/2011 with revision on 07/01/2013, lumbar spine sprain, lumbar degenerative disc disease, lumbar herniated nucleus pulposus, and cervical spondylosis with herniated nucleus pulposus. The latest physician progress report submitted for this review is documented on 12/22/2014. The injured worker presented for a followup evaluation with complaints of ongoing neck pain with radiating symptoms into the bilateral upper extremities. Upon examination, there was 4+/5 motor weakness in the bilateral upper extremities, numbness in the C5 distribution, tenderness to palpation over the cervical and lumbar paraspinal muscles, paraspinal muscle spasm, and 50% decreased cervical range of motion with a positive Spurling's sign. Recommendations at that time included an intramuscular injection of Toradol 60 mg and continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACDF C4-5 with allograft, cage, plate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines recommend anterior cervical fusion for spondylotic radiculopathy when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. In this case, there was no documentation of a significant motor or sensory deficit upon examination. There was also no documentation of spinal instability upon flexion and extension view radiographs. Given the above, the medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

Associated surgical services: Hot/Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post op physical therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Flexeril 10mg 1 tid #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, there was evidence of palpable muscle spasm upon examination. However, it is also noted that the injured worker has continuously utilized the above medication since at least 09/2014. The guidelines do not support long term use of muscle relaxants. There was also no documentation of objective functional improvement. Given the above, the request is not medically necessary.

Associated surgical services: Muscle Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.