MAXIMUS Federal Services

Case Number:	CM15-0056289		
Date Assigned:	04/01/2015	Date of Injury:	05/11/1998
Decision Date:	05/04/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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: California
Certification(s)/Specialty: Orthopedic 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 42 year old female, who sustained an industrial injury on 05/11/1998. She reported back pain after an auto accident. The injured worker is currently diagnosed as having cervical disc protrusion, mild dextroscoliosis near L4-5, left S1 radiculopathy, mild bilateral carpal tunnel, straightening from C2-C6, and C5-C6 herniated nucleus pulposus. Treatment to date has included CT scan of the brain, lumbar spine MRI, physical therapy, right knee MRI, chiropractic treatment, trigger point injections, and medications. In a progress note dated 01/26/2015, the injured worker presented with complaints of continued pain in her cervical spine, right shoulder, lumbar spine, right knee, and right ankle. According to the application, Independent Medical Review is requested on 1 Preoperative Clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: CA MTUS ACOEM and Official Disability Guidelines Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in Official Disability Guidelines, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 42 year old without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore, this request is not medically necessary.

1 post-operative cryotherapy: 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), Neck & Upper Back (Acute & Chronic).

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

Decision rationale: The California MTUS ACOEM is silent on the issue of continuous flow cryotherapy. According to the Official Disability Guidelines, Neck and Upper back regarding continuous flow cryotherapy, it is not recommended in the neck. Local application of cold packs is recommended by the Official Disability Guidelines Neck and Upper Back section. Therefore, this request is not medically necessary.