MAXIMUS Federal Services

Case Number:	CM15-0087207		
Date Assigned:	05/11/2015	Date of Injury:	04/15/1993
Decision Date:	06/12/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/06/2015

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
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 66-year-old female, who sustained an industrial injury on 4/15/1993. The mechanism of injury is unknown. The injured worker was diagnosed as having cervicalgia, cervical degenerative disc disease, chronic pain syndrome, failed back syndrome, fibromyalgia / myositis, lumbar degenerative disc disease and thoracic spondylosis. There is no record of a recent diagnostic study. Treatment to date has included medial branch blocks, lumbar injections and medication management. In a progress note dated 4/28/2015, the injured worker complains of neck pain, hand numbness rated 9/10, and that is controlled with medications. The treating physician is requesting chiropractic care for the cervical spine and temporomandibular joint, 8 weeks of home health aide for 40 hours a week and cervical 3-4 and 6-7 disc replacements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments for the Cervical Spine and Temporomandibular Joint: 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 & Upper Back (Acute & Chronic) - Chiropractic guidelines; Pain (chronic) Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-74.

Decision rationale: The California MTUS guidelines note that cervical manipulation may be an option in patients with neck pain and headaches. They note it is reasonable to incorporate it within the context of a functional restoration program. Documentation does not provide evidence of such an approach. Documentation does show the occurrence of the beneficiary's loss of consciousness with neck extension, which would be a red flag for the initiation of manipulation as the guidelines mention the possibility of stroke. Guidelines also note only 1-2 visits for physical therapy are advised. The requested treatment: Chiropractic Treatments for the Cervical Spine and Temporomandibular Joint is not medically necessary and appropriate.

Home Health, for 8 hours a day for 5 days a week (40 hrs/wk) for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Home Health.

Decision rationale: The ODG guidelines do recommend home health visits for the homebound patient. They recommend the home health visits for medically reasonable purposes. Documentation does not show the patient is homebound or the medically reasonable purposes for which home health is ordered. The requested treatment: Home Health, for 8 hours a day for 5 days a week (40 hrs/wk) for 8 weeks is not medically necessary and appropriate.

Cervical Spinal Surgery (C3-C4 and C6-C7 disc replacements): 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 & Upper Back - Disc prosthesis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180. 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 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 the FDA did approve disc replacement for single level disease. This request is for two level placements. The requested treatment: Cervical Spinal Surgery (C3- C4 and C6-C7 disc replacements) is not medically necessary and appropriate.