

Case Number:	CM14-0119667		
Date Assigned:	08/08/2014	Date of Injury:	09/26/2006
Decision Date:	10/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 62 year-old individual was reportedly injured on September 26, 2006. The mechanism of injury is noted as a trip and fall type event. The most recent progress note, dated June 20, 2014, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated a 5'3," 169 pound individual in no acute distress. There was no evidence of tenderness to palpation in the cervical spine musculature; however there was a slight decrease in cervical spine range of motion. Sensory was intact. Motor function was described as 5/5. Diagnostic imaging studies were not reported. Previous treatment includes cervical facet injections, multiple medications, physical therapy, and pain management interventions. A request had been made for multiple consultations and was not certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up for pre-operative education and signing consent: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Preoperative Evaluation Am Fam. Physician. 2000 Jul 15; 62 (2):387-396

Decision rationale: There is no clinical data presented outlining what surgical intervention has been endorsed in the preauthorization process. Therefore, there is no clinical indication for the medical necessity of preoperative education and content signing. Furthermore, this can easily be established in a routine office visit. The medical necessity is not clear. Therefore, this request is not medically necessary.

Random urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 78.

Decision rationale: As noted in the MTUS, this is an option when there are issues relative to abuse, addiction, poor pain control, drug diversion or illicit drug use. None of these criterion are noted therefore, the medical necessity for this study is not been established.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127

Decision rationale: This is an individual who has undergone facet joint injections and has received some relief. The physical examination did not note any myofascial tenderness to palpation. Therefore, it is not appear to be any uncertainty as the diagnosis or complexity they cannot be handled as addressed. As such, there is no clear clinical indication presented the medical necessity of a pain management consultation.

Facet Blocks from L4-S1 with Radiofrequency Ablation if diagnostic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines criteria for diagnostic blocks for facet medicated pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PRF Page(s): 102/127.

Decision rationale: As outlined in the MTUS, there is no specific recommendation for radiofrequency neurotomy. There is some support in order for this procedure outlined in the ODG. However, there needs to be objective occasion that there is no radicular component of pain

generator. Therefore, based the clinical information presented for review the medical necessity is not been established.

Consider Repeat Facet Blocks at C4 to C7 if symptoms return: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines diagnostic blocks for facet medicated pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PRF
Page(s): 102/127.

Decision rationale: As outlined in the MTUS, there is no specific recommendation for radiofrequency neurotomy. There is some support in order for this procedure outlined in the ODG. It is noted the previous injections had some relief but the length of time and the amount of relief has not been objectified. Therefore, based the clinical information presented for review the medical necessity is not been established.

Removal of right small finger PIP (proximal interphalangeal) ganglion cyst: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines criteria for surgery for ganglion cyst

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand updated August, 2014

Decision rationale: As noted in the ODG, a surgery for a ganglion cyst is an option when there is interference activity, nerve compression or alteration. However, there is no narrative presented to suggest that any of these criteria are met. Furthermore, more conservative measures have not been attempted. Therefore, based on the clinical information presented for review this is not medically necessary.

Pneumatic Intermittent Compression Device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter updated July, 2014

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

Post-op Physiotherapy three (3) times six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

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

Pre-op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam. Physician. 2000 Jul 15; 62 (2):387-396

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

Pre-op Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam. Physician. 2000 Jul 15; 62 (2):387-396

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