

Case Number:	CM14-0185900		
Date Assigned:	11/13/2014	Date of Injury:	01/09/2003
Decision Date:	12/19/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury with a date of injury of 01/09/03. She had progressive neck pain and increasing headaches while working as a legal secretary. Treatments have included cervical epidural steroid injections and Botox injections. Cervical spine x-rays on 01/31/14 showed posterior translation of C5-6 in neutral and extension which reduced to 0 with complete flexion. An MRI of the cervical MRI dated 04/04/14 included degenerative changes at C5-6 unchanged since a previous examination. She was seen by the requesting provider on 09/26/14. There had been improvement in headaches after Botox injections. She was interested in cervical disc replacement surgery and was requesting a second surgical opinion. Medications were Imitrex, topical Lidocaine, Norco, Senna, Proventil, acyclovir, and Docusate. Physical examination findings included increased neck and upper back muscle tension. She was noted to ambulate without difficulty or evidence of pain. Authorization for a second surgical opinion and six sessions of massage therapy was requested. Capsaicin cream and Lidocaine ointment were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second surgical opinion for cervical disk replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Non-MTUS Other Medical Treatment

Guideline or Medical Evidence: ACOEM Chapter 7: Independent Medical Examinations and Consultations page 180

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: ACOEM Chapter 7: Independent Medical Examinations and Consultations, page127.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic headaches and neck pain. Treatments have included medications and injections. She has imaging showing single level degenerative disc disease. Consideration of a cervical disc prosthesis is under study, with recent promising results in the cervical spine. Additional studies are required to allow for a "recommended" status. Recommended Indications include patients with intractable symptomatic single-level cervical degenerative disc disease as in this case. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant is seeking a second surgical opinion and would potentially meet criteria for the surgical procedure under consideration. Therefore, this request is medically necessary.

Massage therapy x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic headaches and neck pain. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. In this case, there is no adjunctive treatment being planned with surgery being considered. Therefore, this request was not medically necessary.