MAXIMUS Federal Services

Case Number:	CM14-0096458		
Date Assigned:	07/28/2014	Date of Injury:	06/06/2003
Decision Date:	09/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 40 year old female injured on 06/06/03. The clinical note dated 05/06/14 indicates the initial injury occurred when she was taking a horse to the track and the horse dropped his shoulder and spun and ran away sustaining injuries to the neck, shoulder, elbow, and low back. The injured worker had been knocked to the ground and subsequently developed low back and sacroiliac region pain. The injured worker presented for a comprehensive psychiatric consultation on 09/30/10. The clinical note dated 01/14/14 indicates the injured worker having undergone 4 previous operative procedures to include an L4 through S1 fusion with a subsequent hardware removal. The clinical note dated 04/18/14 indicates the injured worker had been a professional jockey and racehorse exerciser. The injured worker had undergone an L3-4 and L4-5 fusion. The injured worker also reported having undergone physical therapy. The note does indicate the injured worker having a current smoking habit of 1 pack of cigarettes per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Formal Cigarette Cessation Program: 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:1.)American Cancer Society. Guide to Quitting Smoking. January 17, 2013. http://www.cancer.org/acs/groups/cid/documents/webcontent/002971-pdf.pdf (accessed February 4, 2013).2.)Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services Public Health Service, May 2008. http://www.ncbi.nlm.nih.gov/books/NBK63952/ (accessed February 4, 2013.

Decision rationale: The documentation indicates the injured worker currently having a smoking habit of 1 pack per day. Inclusion into a smoking cessation program would be indicated provided the injured worker meets specific criteria to include the need to stop smoking in order to proceed with an operative procedure and the injured worker has failed more conservative methods of smoking cessation. No information was submitted regarding the injured worker's previous attempts of smoking cessation. Additionally, no information was submitted regarding the injured worker's pending surgical procedure. Given these factors, the request is not indicated as medically necessary.