

<b>Case Number:</b>	CM14-0098678		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/27/1998
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Orthopedic Spine Surgery 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 records, presented for review, indicate that this 65-year-old individual was reportedly injured on January 27, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 30, 2014, indicated that there were ongoing complaints of neck pain, bilateral shoulder and upper arm pain with headaches. The physical examination demonstrated a 5'8", borderline hypertensive (133/81) who is noted to be in mild discomfort. The cervical spine cervical scar was reported to be well healed. The cervical spine was reported to be supple with a normal range of motion. Spurling's maneuver was reported to be negative. There was difficulty elevating both shoulders. Diagnostic imaging studies objectified changes consistent with the surgical intervention as well as a spinal stenosis at C3-C4. Previous treatment included injection therapy, chiropractic care, multiple medications, pain management interventions, surgical treatment (fusion), and postoperative rehabilitation. A request had been made for medication and surgical intervention and was not certified in the pre-authorization process on May 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 #50 with refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Spine Surgery.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Norco 5/325 mg #50 with 1 refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends opioids be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker's is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. The injured worker's most recent clinical documentation fails to provide any evidence of pain relief or functional benefit resulting from the use of this medication. Furthermore, there is no documentation that the injured worker has undergone any type of monitoring for aberrant behavior. Therefore, ongoing use of this medication would not be supported. Additionally, the request includes a refill. This does not allow for timely ongoing re-evaluation to provide efficacy of treatment. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 5/325 mg #50 with refill is not medically necessary.

**Prop Ancef:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Spine Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

**Pre-op Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Spine Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

**Pre-op Diagnostic Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Spine Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

**Spine Surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Spine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-310.

**Decision rationale:** The requested spine surgery is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the spine when there are clear clinical findings of radiculopathy corroborated by pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has been treated conservatively and has imaging evidence of a possible nonfusion causing persistent postsurgical pain. Therefore, surgical intervention would be indicated in this clinical situation. However, the request as it is submitted does not specifically identify the type of surgery being requested. Due to the vagueness of the request, its appropriateness cannot be determined. As such, the requested decision for spine surgery is not medically necessary.