

Case Number:	CM14-0189594		
Date Assigned:	11/21/2014	Date of Injury:	12/15/1992
Decision Date:	01/08/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 Surgery and is licensed to practice in New York. 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 patient has a date of injury of February 15, 1992. She is a 72-year-old female. In February 1992 she was attempting to lift a 300 pound patient and injured her neck and low back. She had neck and low back surgery. She manages pain with narcotics. She continues to have chronic neck and back pain. On physical examination she has tenderness to the neck palpation. She has decreased sensation and C5-C6 dermatomes. She has some weakness of the right arm. There is some weakness of left arm. Her reflexes are normal. She's been diagnosed with failure fusion at lumbar L4-5 with fractured hardware. Her bone scans testing shows osteoporosis. Cervical MRI from July 2014 show solid C6-7 fusion. There is disc degeneration at C5-6. There is also disc degeneration at C4-5. Disc degeneration is also noted at C3-4. At issue is whether additional cervical surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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: MTUS Neck Pain Chapter, page 187

Decision rationale: The medical records do not established the need for cervical surgery at this time. The patient does not have significant neurologic deficit that clearly correlate with imaging studies showing specific compression of cervical nerve roots or spinal cord. There is no documentation failure fusion in the cervical spine. Additional information is needed to justify the need for cervical surgery. His cervical surgery is not medically necessary than chest x-ray preoperatively is not needed. In addition the medical records do not justify the need for a chest x-ray. Medical necessity for chest x-rays is not met.

Home Health Aide 7 hours/day, 7 days/week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines.

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: MTUS neck pain chapter

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed. Also, the medical records do not document that this patient is homebound and needs in home care for chronic neck pain.