

Case Number:	CM14-0029432		
Date Assigned:	06/20/2014	Date of Injury:	05/16/2007
Decision Date:	07/24/2015	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

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 64-year-old male injured worker suffered an industrial injury on 05/16/2007. The diagnoses included chronic neck pain, cervical radiating paresthesia, bilateral shoulder pain, thoracic spine pain and rib pain, and low back pain with radiating paresthesia. The diagnostics included cervical/thoracic/lumbar spine magnetic resonance imaging. The injured worker had been treated with chiropractic therapy, physical therapy and medication. On 12/3/2013, the treating provider reported chronic pain of the neck, left arm, buttocks and radiation down the legs and restless legs. The pain was rated 7/10 with medications and 9/10 without medications. The treatment plan included lumbar surgery, left shoulder surgery, Chiropractic treatment and Facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified lumbar surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. L5-S1 herniated disc noted to have resorted on MRI scan. He is having axial back pain. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Unspecified lumbar surgery is not medically necessary and appropriate.

Unspecified left shoulder 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: California MTUS guidelines recommend surgical consideration if there is identified with clear clinical and imaging evidence a lesion shown to benefit in both the short and long term from surgical repair. Documentation does not supply this evidence. Documentation does not show details of the home exercise or physical therapy programs which have failed. Documentation does not disclose objectives of proposed left shoulder surgery. The requested treatment: Unspecified left shoulder surgery is not medically necessary and appropriate.

Chiropractic treatment for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173,181. 298-9.

Decision rationale: The California MTUS guidelines recommend chiropractic treatments for both cervical and lumbar spine early in the care of the patient. The guidelines note there is no high grade evidence to suggest effectiveness of passive physical modalities. The guidelines note that if treatment has not been followed by improvement it should be stopped. The guidelines note that efficacy has not been proved in continuing treatments longer than a month. Documentation shows the patient has been having pain for much longer than a month. The requested treatment: Chiropractic treatment for the cervical and lumbar spine is not medically necessary and appropriate.

Facet blocks times three to L4-5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Facet Joint Intra-articular injections.

Decision rationale: The ODG guidelines note that facet joint injections are under study. They note that no more than one therapeutic intra articular block is suggested. Since the requested treatment is for three times it does not comply with the guidelines. The requested treatment: Facet blocks times three to L4-5 is not medically necessary and appropriate.