

Case Number:	CM15-0110734		
Date Assigned:	06/18/2015	Date of Injury:	03/01/2011
Decision Date:	09/02/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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:

This 56 year old female sustained an industrial injury to the neck, shoulders and wrists on 3/1/11. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. Documentation did not disclose recent magnetic resonance imaging. In the only PR-2 submitted for review dated 1/8/15 complained of stabbing neck pain rated 7/10 on the visual analog scale and stabbing bilateral hand pain with pins and needles sensation rated 5/10. Physical exam was remarkable for tenderness to palpation in the paraspinal musculature of the cervical spine and thoracic spine with right sided cervical spine muscle spasms, decreased range of motion, decreased sensation to the C5 distribution and normal manual muscle testing. The physician noted that in a Qualified Medical Evaluation (8/4/14), the physician had recommended epidural steroid injections and if the injured worker failed to improve, neck surgery would be in order. Current diagnoses included multilevel cervical spine disc desiccation and bulging with annular tear at C5-6, thoracic spine sprain/strain, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, right trochanteric bursitis, major depression, chronic pain, insomnia and headaches. The injured worker was scheduled to have her third cervical spine epidural steroid injection on 1/15/15. Documentation did not disclose the injured worker's response to previous epidural steroid injections. The treatment plan included continuing medications (Soma, Lidoderm patch and Tramadol) and reevaluation within six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C5-6 with cages, allograft, and plate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183, surgery is not recommended for non radiating pain or in absence of evidence of nerve root compromise. There is not evidence of correlating nerve root compromise from the exam of 1/8/15. The patient has radiating pain and numbness in the C5 distribution from the exam notes of but this does not correlate with any imaging findings as the C5/6 disc would cause C6 radiculopathy from lateral recess pathology. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

Norco 10/325 mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 1/8/15. Therefore the request is not medically necessary.

8 Post-op physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: cervical collar (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: soft collar (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op evaluation by registered nurse: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.