MAXIMUS Federal Services

Case Number:	CM15-0128940		
Date Assigned:	07/20/2015	Date of Injury:	05/26/2014
Decision Date:	08/19/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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 injured worker is a 38 year old male, who sustained an industrial injury on 5/26/2014. Diagnoses have included cervical herniated nucleus pulposus (HNP), lumbar herniated nucleus pulposus (HNP) and lumbar pain. Treatment to date has included physical therapy, chiropractic treatment, epidural steroid injection, magnetic resonance imaging (MRI) and medication. According to the progress report dated 6/17/2015, the injured worker complained of neck pain rated eight out of ten and bilateral shoulder-interscapular pain rated seven out of ten. The pain was accompanied by bilateral shoulder numbness and neck-shoulder weakness-pressure. He complained of sharp-shooting low back and right greater than left posterior leg pain rated seven out of ten. The pain was associated with bilateral leg numbness and cramping, pins and needles sensation and weakness in the low back and bilateral legs. Exam of the neck revealed mild tenderness to palpation and decreased range of motion. Exam of the lumbar spine revealed mild tenderness to palpation and decreased range of motion. Authorization was requested for selective nerve root block (SNRB) injection to the cervical spine at C5-6 and transforaminal lumbar interbody fusion (TLIF) surgery at L4-5 with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block (SNRB) injection to the cervical spine at C5/6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic): Epidural steroid injections, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 46, 181, Chronic Pain Treatment Guidelines epidural steroid injections.

Decision rationale: The California MTUS guidelines do not recommend diagnostic cervical blocks. They also note that there is insufficient evidence to make any recommendations for the use of epidural steroid injections to treat radicular cervical pain. The requested treatment: Selective nerve root block (SNRB) injection to the cervical spine at C5/6 is not medically necessary and appropriate.

Transforaminal lumbar interbody fusion (TLIF) surgery at L4\5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic): Fusion (spinal).

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

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested Treatment: Transforaminal lumbar interbody fusion (TLIF) surgery at L4\5 is not medically necessary and appropriate.

Associated surgical service: Assistant surgeon: 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: Intraoperative monitoring: 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: Two day inpatient hospital stay: 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-operative TENs unit for 3-9 months: 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-operative cryotherapy unit for 3-9 months: 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-operative LSO brace: 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.