

Case Number:	CM15-0037939		
Date Assigned:	03/06/2015	Date of Injury:	02/09/2011
Decision Date:	05/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Pediatrics, 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 50-year-old male who reported an injury on 02/09/2011 and the mechanism of injury was repetitive motion. The diagnoses include cervical disc disease, neck pain, and cervical radiculopathy. Previous treatments include surgery and pain management. The diagnostics include an MRI of the lumbar spine from 02/20/2015 that noted evidence of previous spinal fusion surgery at L2-3 with posterior rod screw apparatus and partial flattening of the L5. There is 5 mm hemangioma in the anterior superior aspect of the L5. There was moderate levoscoliosis. The L2-3 had 50% decrease in height of the disc. There was 3 mm to 4 mm far left posterolateral disc protrusion encroachment on the left forearm. There was acquired foraminal stenosis with compromise of the existing left nerve root. There was 3 mm to 4 mm anterior disc protrusion. L3-4 has a 3 mm posterior disc bulge with touching of the thecal sac. There was encroachment on the left foramen with left foraminal stenosis and compromising of the existing left nerve root. The L4-5 had 3 mm far right posterolateral disc protrusion with encroachment on the right foramen. There was acquired right foraminal stenosis and compromise of the exiting right nerve root. The L5-S1 had a 3 mm posterior disc bulge with encroachment on the epidural fat and foramina. Surgical history includes an interlaminar laminectomy at L2-3 bilaterally and an L2-3 posterior spinal fusion. The injured worker reported pain in the arms and numbness of the hands more on the left. The injured worker reports pain with sleeping, walking, and sitting. The injured worker is unable to sleep through the night due to pain and discomfort. Physical exam notes there is neck pain and pain with range of motion. The injured worker's medications

include captopril, fluticasone propionate, ProAir, atorvastatin calcium, gabapentin, baclofen, Endocet, Prevacid, Cozaar, Tylenol/codeine, and Soma. The treatment plan was for the injured worker to hold NSAIDs and use aspirin preoperatively and the patient is medically stable to proceed with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Cervical Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Cervical Collar, post-operative (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, cervical collar, post-operative (fusion).

Decision rationale: The request for postoperative cervical brace is not supported. The injured worker has neck and back pain that radiates from the neck to the legs with pain in the arms as well. The injured worker also has numbness of the hands that is more on the left than the right. The injured worker has previously undergone a lumbar decompression and fusion. He has received clearance for cervical fusion. The Official Disability Guidelines do not recommend a cervical brace after a single level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcome of the patient undergoing single level anterior cervical fusion with plating. Therefore, the request for a postoperative cervical brace is not medically necessary.

24 Post-Operative Physical Therapy Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The injured worker had neck pain that radiates into the neck to the legs. The injured worker also had pain in the arms and numbness that goes into the hands which is more on the left than the right. The injured worker had previously undergone lumbar decompression and fusion and has received clearance for cervical fusion. The California Medical Treatment Postsurgical Guidelines recommend an initial course of 12 postoperative physical therapy visits. With documentation of functional improvement, a subsequent course of therapy may be prescribed within the parameters of the general course of therapy available to a specific surgery. The request exceeds guideline recommendations. Therefore, the request for 24 postoperative physical therapy visits is not medically necessary.

Transportation, To and From the Facility: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation.

Decision rationale: The injured worker is a 50-year-old male who received medical clearance for cervical fusion. The injured worker has had previous lumbar decompression and fusion. The injured worker had neck pain that radiates from the neck to the legs. There is also pain in the arms and numbness in the hands with more on the left than the right. The Official Disability Guidelines recommend transportation in patients who are 55 or older and need a nursing home level of care. Therefore, the request for transportation to and from the facility is not medically necessary.