

Case Number:	CM15-0077146		
Date Assigned:	04/28/2015	Date of Injury:	10/24/2012
Decision Date:	06/12/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/22/2015

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 57-year-old male, who sustained an industrial injury on October 24, 2012. The injured worker was diagnosed as having displacement of cervical intervertebral disc. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) and medication. A progress note dated March 31, 2015 the injured worker complains of neck pain radiating to right hand. He reports sleep disturbance related to pain. Physical exam notes cervical decreased range of motion (ROM) with positive Spurling's test. Magnetic resonance imaging (MRI) was reviewed. The plan includes physical therapy, surgery and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: DVT Pump/IPC Device: Upheld

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

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 chapter (updated 05/05/15)-Lymphedema pumps.

Decision rationale: The ODG guidelines do recommend lymphedema pumps after a four-week trial of conservative therapy of exercise, elevation and use of compression garments. Cervical surgery would not ordinarily incapacitate the patient so as to increase the risk for deep venous thrombosis and embolism. Therefore, the requested treatment is not medically necessary and appropriate.