
Notice of Independent Medical Review Determination

Dated: 10/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

5/24/2009

7/24/2013

CM13-0003259

- 1) MAXIMUS Federal Services, Inc. has determined the request for a posterior foraminotomy, right C5-6 to be done as an outpatient **is not medically necessary and appropriate.**

- 2) MAXIMUS Federal Services, Inc. has determined the request for post-operative chiropractic manipulation 2 times a week for 6 weeks to cervical spine to be started 6 weeks post-op **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a posterior foraminotomy, right C5-6 to be done as an outpatient **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for post-operative chiropractic manipulation 2 times a week for 6 weeks to cervical spine to be started 6 weeks post-op **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013.

According to the records made available for review, this is a 42-year-old female patient, s/p injury 5/24/09. The patient most recently (3/8/13) presented with left shoulder pain rated at 5/10.

Physical examination revealed right shoulder: positive impingement and bursitis, intact sensation in the C5 distribution; left shoulder: positive tenderness to palpation over AC joint and also with cross-arm testing, positive impingement, positive Speed's test. 6/3/13 medical report states that the patient was seen on 5/30/13 with subjective findings of neck pain with bilateral upper extremity numbness, tingling, and pain in the hands. Physical examination revealed decreased sensation to the right C6 dermatomes, weakness in the left and right deltoid, biceps, internal rotators, external rotators, wrist extensors, wrist flexors, and hyperreflexic bilateral biceps, brachioradialis, triceps, and positive Hoffman's bilaterally. CT Cervical Spine (3/25/13) revealed MILD right neural foraminal narrowing. Current diagnoses include HNP of the cervical spine with stenosis. Treatment to date includes physiotherapy, acupuncture, ESI, and medications.

Treatment requested at the time of prior determination included Posterior Foraminotomy, Right C5-6 to be done as an outpatient procedure and Post Op Chiropractic Manipulation 2x6 cervical spine to be started 6 weeks post op. An appeal is requested.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/8/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)
- 07/10/2012, Comprehensive Interval History Form, [REDACTED]
- 07/17/2012, Primary Treating Physician's Progress Report, [REDACTED], MD and [REDACTED], no credentials given.
- 07/27/2012, Procedure note, Dr. [REDACTED].
- 07/27/2012, Anesthesiologist record, no stated provider due to poor copy quality.
- 08/24/2012, Primary Treating Physician's Progress Report, [REDACTED], MD.
- 08/27/2012, Primary Treating Physician's Progress Report, [REDACTED], MD, and [REDACTED], no credentials given.
- 03/29/2012, Comprehensive Interval History Form, [REDACTED].
- 08/29/2012, Primary Treating Physician's Progress Report, [REDACTED], PA-C and [REDACTED], MD.
- 09/24/2012, Progress report, [REDACTED], MD and [REDACTED], PA-C.
- 10/24/2012, Progress note, [REDACTED], MD, and [REDACTED], PA-C.
- 10/31/2012, Progress note, [REDACTED], PA-C and [REDACTED], MD.
- 10/31/2012, Comprehensive Interval History Form, [REDACTED].
- 12/17/2012, Comprehensive Interval History Form, [REDACTED].
- 11/08/2012, PR2 and request for shoulder surgery, [REDACTED], MD.
- 11/16/2012, Progress note, [REDACTED], MD.
- 11/20/2012, Progress note, [REDACTED], MD.
- 12/07/2012, Pain medicine rehab note, [REDACTED], MD.
- 12/17/2012, PR2 and request for left shoulder surgery, [REDACTED] and [REDACTED], MD.
- 01/08/2013, Progress note, [REDACTED], PA-C and [REDACTED], MD.
- 01/28/2013, Progress note, [REDACTED], PA-C and [REDACTED], MD.
- 02/06/2013, Request for treatment authorization, no stated provider.
- 02/08/2013, Procedure report, [REDACTED], MD.
- 02/08/2013, Anesthesia record, no stated provider.
- 02/25/2013, Procedure note, [REDACTED], MD.
- 02/25/2013, Anesthesia record, no stated provider.
- 02/28/2013, Progress note, [REDACTED], PA-C, and [REDACTED], MD.
- 03/05/2013, Progress note, [REDACTED], PA-C, and [REDACTED], MD.
- 03/08/2013, Progress note, [REDACTED], MD.
- 03/14/2013, Progress note, [REDACTED], MD.
- 03/14/2013, Comprehensive Interval History Form, [REDACTED].

- 04/03/2013, Comprehensive Interval History Form, [REDACTED]
- 04/03/2013, Progress note, [REDACTED], PA-C and [REDACTED], MD.
- 04/10/2013, Progress note, [REDACTED], PA-C and [REDACTED], MD.
- 04/18/2013, Request for authorization for spinal surgery, [REDACTED], MD.
- 05/07/2013, Comprehensive Interval History Form, [REDACTED]
- 05/07/2013, Progress note, [REDACTED], PA-C and [REDACTED], MD.
- 07/02/2013, Progress note, [REDACTED], PA-C and [REDACTED], MD.
- 05/23/2013, Progress note, [REDACTED], PA-C and [REDACTED], MD.
- 05/30/2013, Request for authorization for medical treatment, [REDACTED], MD.
- 05/30/2013, Comprehensive Interval History Form, [REDACTED]
- 06/03/2013, Supplemental report, Dispute to written denial and non-certification, [REDACTED], MD.
- 07/10/2013, Utilization review determination, [REDACTED].
- 07/15/2013, Panel Qualified Medical Examination, [REDACTED], DC.
- 06/07/2013, Progress note, [REDACTED], MD.

1) Regarding the request for a posterior foraminotomy, right C5-6 to be done as an outpatient:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Neck Chapter, (ACOEM, (2004) 2nd Edition, page 180), which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Indications for Surgery, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee was injured on 5/24/2009. The employee underwent surgery for a diagnosis of cervical radiculitis and underwent a cervical epidural steroid injection at C5-6 and C6-7. On 5/22/2013, the employee was seen in clinic with pain rated at 2/10 to 4/10. Objectively, the employee had a negative drop arm test and strength was 5-/5 in flexion, abduction, and external rotation. An MRI of the shoulders demonstrated tendinosis and an EMG was interpreted as normal. The provider recommended surgical intervention. A request was submitted for a posterior foraminotomy, right C5-6 to be done as an outpatient.

The ACOEM guidelines indicate that there should be persistent, severe, and disabling shoulder/arm symptoms, clear clinical imaging electrophysiologic evidence consistently indicating the same lesion had been shown to benefit from surgical repair, in both short and long-term and the unresolved radicular symptoms after receiving conservative care. The records submitted and

reviewed do not include the imaging study to objectively document pathology in the cervical spine and as the last clinical note fails to reveal any significant functional deficits. The request for a posterior foraminotomy, right C5-6, to be done as an outpatient, is not medically necessary and appropriate.

2) Regarding the request for post-operative chiropractic manipulation 2 times a week for 6 weeks to cervical spine to be started 6 weeks post-op:

Since the primary procedure is not medically necessary and appropriate, the associated service is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.