

Case Number:	CM14-0050525		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2012
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female machine operator and laborer sustained an industrial injury on 9/25/12. Injury occurred when she opened a drawer, and the cabinet tilted and fell towards her. She fell backwards and struck her neck, back, elbow and shoulder against a steel bar. Past medical history was positive for high cholesterol, diabetes, and hypertension. The 1/4/13 cervical MRI impression documented disc desiccation at C2/3, C3/4, C4/5, C5/6, and T1/2 with mild disc height loss at C2/3, C4/5, and C5/6. Vertebral body heights and alignment was maintained. There was no evidence of listhesis. Facets were normally aligned. The cord was normal in signal caliber. There was a disc bulge at C4/5 with mild central canal stenosis. At C5/6, there was a disc bulge or disc osteophyte complex with moderate to severe central spinal stenosis, mildly indenting the ventral surface of the cord. The 2/14/14 treating physician report cited worsened neck and right arm pain. Neck pain caused significant headaches and radiating pain to the scapula and down the arm. There was a fair amount of clicking in the cervical spine. Cervical spine exam documented mild torticollis to the right, markedly positive head compression sign, positive right Spurling's maneuver, exquisite right sided pain and muscle spasms, right levator scapula knot, and pain on scapular retraction. There was significant loss of cervical range of motion, no gross evidence of instability, diminished biceps reflex, diminished biceps and wrist extensor strength, and diminished sensation dorsum of the hand. Cervical x-rays were taken and showed collapse of the C5/6 segment with slight translation. C5/6 anterior cervical discectomy and fusion was recommended, with associated medications, durable medical equipment, and services. Tramadol and Naproxen were prescribed. The 3/6/14 utilization review denied the request for post evaluation of R.N. after 24 hours as the associated cervical surgery was deemed not necessary. The 3/13/14 treating physician appeal letter stated the patient had on-going complaints of worsening neck pain with radiating symptoms despite extensive conservative measures provided to her. Subjective complaints were validated

by objective findings and suggestive of nerve involvement and possible worsening of her condition which needs prompt medical attention. The treating physician appeal stated that a post-operative evaluation by an RN, after the first 24 hours that the patient is at home, creates an avenue of continuous monitoring. This would be essential in evaluation, prevention and management of post-operative complications that can possibly arise that could impede her recovery. There was no indication in the file that the requested cervical surgery was subsequently approved or that guideline criteria had been fully satisfied relative to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post evaluation of R.N. after 24 hours: Upheld

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

<http://www.ncbi.nlm.nih.gov/pubmed/17336886> Experienced of expert nurses in caring for patients with postoperative pain. <http://www.ncbi.nlm.nih.gov/pubmed/6164473> Nurse's assessment of pain in surgical patients.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: As the associated C5/6 anterior cervical discectomy and fusion was not found to be medically necessary, the associated request for post evaluation of R.N. after 24 hours is also not medically necessary.