

Case Number:	CM13-0048402		
Date Assigned:	12/27/2013	Date of Injury:	04/07/2008
Decision Date:	06/30/2014	UR Denial Date:	10/20/2013
Priority:	Standard	Application Received:	11/06/2013

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 Occupational Medicine, 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 is a 42-year-old male who has reported neck pain after an injury on April 7, 2008. Prior treatment has included a cervical fusion, medications, injections, and physical therapy. On September 16, 2013 the treating surgeon reviewed the current clinical factors and recommended a cervical surgery and the associated services under review with Independent Medical Review. No specific indications were given for the medical clearance, collar, or home care. The injured worker's medical history includes diabetes. On October 20, 2013 Utilization Review certified a C5-6 fusion, and non-certified a medical clearance, collar, and home care. The MTUS and other guidelines were cited. The medical clearance was non-certified based on billing and procedural issues rather than lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRE-OPERATIVE CLEARANCE: Overturned

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) Low Back chapter, Pre-operative evaluation Other Medical Treatment Guideline or Medical Evidence: Emedicine Medscape review article by Sharma et al, Pre-Operative Testing (available to the public on the

Medscape Reference site) ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation

Decision rationale: The MTUS does not provide direction for pre-operative evaluations. The other evidence-based treatment guidelines cited above recommend pre-operative testing for certain individuals based on specific risk factors. The treating physician has provided no specific indications for any pre-operative testing but has recommended a medical clearance. A careful evaluation of current medical status is indicated prior to surgery, and any testing would be indicated based on any clinical risk factors. Given that the treating physician has not identified any risk factors, no testing is medically necessary but a clearance examination is indicated to determine risk factors for surgery. The request for one preoperative clearance is medically necessary and appropriate.

TWO (2) WEEKS OF HOME HEALTH CARE (2-HOURS PER DAY FOR SIX (6) DAYS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The medical records do not identify specific indications for home health services. There is no documentation that this injured worker will be immobile or homebound for the two week period of time in question. The specific kinds of services required were not identified. The home health services six days per week for two weeks would not be indicated based on the clinical records and usual care expected after the proposed surgery. The request for two weeks of home health care (two hours per day for six days per week) is not medically necessary or appropriate.

ONE SOFT COLLAR BRACE TO BE SUPPLIED BY [REDACTED]: 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), Neck Procedure Chapter, Cervical Collar, Post Operative (Fusion)

Decision rationale: The MTUS is silent regarding cervical collars in the post-fusion setting. The Official Disability Guidelines do not recommend cervical collars after a single-level fusion with hardware. The Official Disability Guidelines state that the peer-reviewed literature does not prove the use of cervical bracing or collars improves the fusion rate or improve clinical outcomes after the single-level surgical procedure. The request for one soft collar brace to be supplied by [REDACTED] is not medically necessary or appropriate.

