

<b>Case Number:</b>	CM13-0066620		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/10/2005
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopaedic Surgery and is licensed to 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 53-year-old male sustained an industrial injury on 3/10/05. The mechanism of injury is not documented. The patient underwent anterior cervical discectomy and fusion. The 10/14/13 treating physician report cited severe persistent neck pain, dysphasia, headaches, and low back pain radiating to the lower extremities. X-rays of the cervical spine showed complete arthrodesis. Cervical hardware removal was recommended to help with persistent neck pain, dysphagia, and some of the headache pain. Associated services were requested. A post-op evaluation by an RN after the first 24 hours was requested to assess the recovery process and provide instructions to the caregiver. Orthopedic re-evaluation in 6 weeks was recommended with the primary treating physician. Duracef was recommended as a home antibiotic and Zofran was recommended to help with post-op nausea, full prescription information was not provided. Post-op follow-up with [REDACTED] for 3-4 days was recommended. The 11/19/13 utilization review denied the request for post-op in home RN evaluation as there was no indication that the patient was homebound on a part-time or intermittent basis, and required recommended medical treatment. The request for orthopedic re-evaluation was denied as there was no documentation that the diagnosis and treatment management had been exhausted within the treating physician's scope of practice. The requests for Zofran and Duracef were denied as there was no documentation of the strength and quantity requested. The request for post-op follow-up 3-4 days with [REDACTED] was modified for one follow-up visit with [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op In Home RN Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Guideline criteria have not been met. There is no documentation that the patient requires a nursing evaluation 24 hours after discharge. There is no documentation that a medical treatment is required to be performed by an RN. There is no documentation that the patient would be homebound. Therefore, this request for post-op in home RN evaluation is not medically necessary.

**Orthopedic Reevaluation 6 Weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), Page 127.

**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, Office visits.

**Decision rationale:** The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guideline criteria have been met. Routine follow-up orthopedic office visits with the primary treating physician during the post-operative period are consistent with guidelines. Therefore, this request for orthopedic re-evaluation in 6 weeks is medically necessary.

**Duracef (Unknown Strength/Quantity): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Working Group of the Clinical Practice Guideline for the Patient Safety at Surgery Settings. Clinical practice guideline for the patient safety at surgery settings. (AIAQS); 2010. Page 191.

**Decision rationale:** The California MTUS and Official Disability Guidelines do not address the use of prophylactic antibiotics in the peri-operative course or post-operative course. Clinical practice guidelines indicate that a single standard dose of is sufficient for prophylaxis in most circumstances, except if surgery is longer than four hours or if loss of blood exceeds 1500 cc. The treating physician indicated that Duracef would be used as a home antibiotic. There is no compelling reason to support the medical necessity of antibiotic therapy beyond the peri-operative period. Therefore, this request for Duracef (unknown strength/quantity) is not medically necessary.

**Zofran (Unkown Strength/Quantity):** 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 Other Medical Treatment Guideline or Medical Evidence: Practice guidelines for postanesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. Anesthesiology. 2013 Feb;118(2): pages 291-307.

**Decision rationale:** The California MTUS and Official Disability Guidelines do not provide recommendations for anti-emetics for post-operative use. Practice guidelines for post-anesthetic care support the use of anti-emetics, such as Zofran, for patients when indicated but do not recommend routine pharmacologic prophylaxis of nausea and vomiting. There are no specific indications for the prophylactic prescription of anti-emetics for this patient. There is no specific dosage or quantity documented. Therefore, this request for Zofran (unknown strength/quantity) is not medically necessary.

**Post-op follow up 3-4 days with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office visits.

**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, Office visits.

**Decision rationale:** The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request for post-op follow-up 3-4 days with [REDACTED] was modified in the 11/19/13 utilization review and certified for one follow-up visit with [REDACTED]. There is no compelling reason to support the medical necessity of care beyond the initial follow-up visit certified. The medical necessity of additional follow-up should

be documented at the time of future requests. Therefore, this request for post-op follow up 3-4 days with [REDACTED] is not medically necessary.