

Case Number:	CM13-0070629		
Date Assigned:	01/08/2014	Date of Injury:	06/20/2012
Decision Date:	06/05/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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 Orthopedic Surgery, has a subspecialty in Spine 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:

The patient has submitted a claim for disk degeneration of the cervical spine with radiculopathy associated with an industrial injury date of June 20, 2012. Treatment to date has included physical therapy, acupuncture, and medications such as Tylenol and ibuprofen. Patient underwent cervical epidural, and facet joint injections at right C5 to C6 and C6 to C7 under fluoroscopy on January 31, 2013. Medical records from 2013 were reviewed showing that patient complained of right-sided neck pain associated with numbness at the right upper extremity. She was able to work, but experienced a lot of discomfort. She was depressed about the injury and her altered career as an architect. Physical examination showed tenderness across the cervical spine and paraspinal spasm in the interscapular area. Cervical spine range of motion was decreased towards extension and rotation. Spurling's test was positive with decreased sensation in multiple nerve root distributions and weakness. Shoulder abduction test was positive. C6 and C7 reflexes were absent. Gait manifested with decreased cadence and stride length. Sensation was diminished at C6 and C7 dermatomes. EMG/NCV dated August 12, 2013, revealed right median neuropathy localized at the right wrist consistent with right mild carpal tunnel syndrome, sensory carpal; and chronic right C6 radiculopathy. MRI of the cervical spine, dated August 12, 2013, revealed moderate disk degeneration at C5 to C6 and C6 to C7 with mild disk degeneration at C4 to C5; 3 mm right posterolateral disk protrusion at C4 to C5 resulted in right C4 to C5 foramina encroachment; mild to moderate left and mild right C5 to C6 foramina encroachment and mild to moderate C5 to C6 spinal canal stenoses with a 4-mm broad based posterior disk protrusion; 3.5-mm broad-based posterior disk protrusion at C6 to C7 contributes to mild to moderate left and mild right C6 to C7 foramina encroachment and mild to moderate C6 to C7 spinal canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-3 DAY INPATIENT STAY: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck And Upper Back Chapter, Hospital Length Of Stay.

Decision rationale: CA MTUS does not specifically address this topic. The Official Disability Guidelines (ODG), Neck and Upper Back Section was used instead. It states that for prospective management of hospital length of stay, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. The guidelines state that for anterior cervical fusion, the median is one day, compared to a mean of 2.2 days. The best practice target without complications is one day. In this case, the patient has been certified to undergo anterior cervical discectomy fusion. Medical records submitted for review do not indicate that the patient has already underwent the surgery, thus, the median hospital length of stay of one day should be applied, since this is prospective. Furthermore, there is no documented comorbidities that warrant a longer hospital stay. Therefore, the request for two to 3 day inpatient stay is not medically necessary.

1 PRE-OP CLEARANCE WITH SPECIALIST AND 3 POST-OP VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Section, Lumbar & Thoracic, Preoperative Electrocardiogram, as well as the Surgery General ODG, Low Back Section, Lumbar & Thoracic, Preoperative Electrocardiogram, as well as the Surgery General.

Decision rationale: The ODG states that the decision to order preoperative clearance should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Furthermore, the Surgery General Information and Ground Rules state that under most circumstances, including ordinary referrals, the immediate pre-operative visit in the hospital or elsewhere necessary to examining the patient, complete the hospital records, and initiate the treatment program is included in the value for the surgical procedure. In this case, the patient is a 52-year-old female, has a body mass index 25, without documented medical comorbidities. Review of systems in the progress notes, as well as physical examination findings do not indicate positive signs and symptoms that warrant pre-

operative clearance from a specialist. With regards to the request of three postoperative visits, there is no documentation regarding possible complications that may occur which should warrant multiple visits. Therefore, the request for pre-op clearance with specialist and 3 post-op visits it is not medically necessary.

1 RN EVALUATION: Upheld

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

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

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides. In this case, the rationale given for this request is to assist the patient in wound dressing post-operatively. However, medical records submitted and reviewed do not provide evidence that patient will require such assistance. There are no documented limitations in patient's activities of daily living that will regress further status post cervical fusion. The medical necessity for home health services has not been established. Therefore, the request for RN Eval is not medically necessary.

8 OUTPATIENT POST OPERATIVE PHYSICAL THERAPY SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated on Post-Surgical Treatment Guidelines, physical therapy is recommended for 16 visits over 8 weeks for status post cervical discectomy/laminectomy patients. In this case, patient has been certified to undergo anterior cervical discectomy fusion. Patient was likewise certified with 6 day in-home post-operative therapy sessions. An additional 8 outpatient treatment sessions is still within the guideline recommendation of a total of 16 visits. The treatment is provided to facilitate the patient towards post-surgical functional improvement. Therefore, the request for 8 outpatient post-operative physical therapy sessions is medically necessary.

1 CERVICAL HARD COLLAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The CA MTUS ACOEM Guidelines state that cervical collar use post-operatively is not recommended after single-level anterior cervical fusion with plate. Still, its use is widely practiced. In this case, the patient has been certified to undergo anterior cervical discectomy fusion at C5 to C6, and C6 to C7. This is a two-level fusion, hence, a cervical collar may be necessary. However, the patient likewise has been certified with one cervical soft collar. Medical records submitted and reviewed do not provide discussion regarding the need for two different types of cervical collar. The medical necessity of a hard collar has not been established. Therefore, the request for one cervical hard collar is not medically necessary.

9 HOME HEALTH CARE SESSIONS: Upheld

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

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

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the rationale given for this request is to assist the patient in wound dressing post-operatively. However, medical records submitted and reviewed do not provide evidence that patient will require such assistance. There are no documented limitations in patient's activities of daily living that will regress further status-post cervical fusion. There is no clear indication that the patient has a need of professional nursing services for the purposes of home health. Furthermore, the present request does not specify the number of hours per session that the patient requires home health service. Therefore, the request for 9 home health care sessions is not medically necessary.

ONE CERVICAL EPIDURAL INJECTION (ESI) AT C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is an option for treatment of radicular pain. Most current guidelines recommend no more than two epidural steroid injections. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the patient underwent cervical epidural, and facet joint injections at right C5 to C6 and C6

to C7 under fluoroscopy on January 31, 2013. However, the patient has failed to exhibit any evidence of at least 50% pain relief, improved performance of activities of daily living, or any reduction in dependence on medical treatment associated with the previous ESI. Therefore, the request for cervical epidural injections at C5-6 is not medically necessary.

ONE CERVICAL FACET BLOCK INJECTIONS AT C5-6 WITH FLUROSCOPY:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175,181.

Decision rationale: The CA MTUS ACOEM Guidelines state that cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. In addition, facet joint diagnostic blocks are recommended prior to facet neurotomy. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, the patient has been certified to undergo anterior cervical discectomy fusion at C5 to C6, and C6 to C7. The planned surgery is not a facet neurotomy, which is the only guideline recommendation for facet blocks. Furthermore, since the patient is awaiting cervical fusion surgery, she is not a candidate for facet blocks as endorsed by the CA MTUS. The medical necessity for this procedure has not been established. Therefore, the request for cervical facet block injections at C5-6 with fluoroscopy is not medically necessary.

12 POST-INJECTION PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 PSYCHIATRIC EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: ACOEM guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. In this case, the rationale given for a psychiatric evaluation is secondary to the stress that the pain is causing the patient. Prior to injury, she was a very highly motivated individual working as an architect. Medical records submitted and reviewed indicate that the patient presented with signs of depression due to her altered career; since patient has been deemed to perform on modified duties. he was able to work, but experienced a lot of discomfort. Moreover, the patient is scheduled to undergo cervical fusion surgery. Further limitations in activities of daily living may occur post-operatively which may cause severity of her depressive state. Therefore, the request for psychiatric evaluation is medically necessary.