

Case Number:	CM14-0002675		
Date Assigned:	01/31/2014	Date of Injury:	04/02/2011
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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:

The claimant is a 64-year-old female who injured her neck on 04/02/11. A recent utilization review of 12/13/13 supported the request for a two level anterior cervical discectomy and fusion of the C4-5 and C6-7 levels. It also supported the role of an assistant surgeon, preoperative medical clearance and a modified one day inpatient length of stay. Specific to this claimant's recommended two level operative intervention, this request is for a three day inpatient length of stay, the purchase of a bone growth stimulator, the purchase of a TENS unit and 14 days of skilled nursing home health visits to be performed daily. The remaining clinical records were not pertinent to the specific requests in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 DAYS INPATIENT STAY: 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 ODG; Treatment In Worker's Comp, 18th Edition, 2013: Neck Procedure - Fusion, Anterior Cervical - Hospital Length Of Stay (LOS).

Decision rationale: The California MTUS and ACOEM Guidelines do not address length of stay. When looking at ODG, a three day inpatient stay cannot be supported. ODG recommend a one day length of inpatient stay following a cervical fusion. The claimant's clinical history and surgical process would not support the requested three days as indicated.

BONE GROWTH STIMULATOR, PURCHASE: 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 ODG, Treatment In Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure - Bone Growth Stimulators (BGS).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the use of a bone growth stimulator. When looking at ODG, a bone growth stimulator in this case would be supported as medically necessary. Bone growth stimulators are supported for fusions involving more than one level. This individual is to undergo a two level anterior cervical discectomy and fusion. The request for postoperative use of a bone growth stimulator purchase would be necessary.

TENS UNIT, PURCHASE: 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) / TRANSCUTANEOUS ELECTROTHERAPY, 114-116.

Decision rationale: The MTUS Chronic Pain Guidelines would currently not support a TENS unit purchase. In the postoperative setting, TENS units could be utilized for 30 days. The purchase of the above device or use beyond 30 days would not be indicated. The specific request for lifetime use in this individual would not be necessary.

SKILLED NURSING HOME HEALTH VISITS DAILY, #14 DAYS: 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , HOME HEALTH SERVICES, 51.

Decision rationale: California MTUS Chronic Pain Guidelines currently would not support 14 days of home health nursing visits. Home health nursing is only indicated for individuals who are home bound on a part time or intermittent basis. This individual is to undergo a two level fusion and there is no documentation to indicate that the claimant would be on a home bound status. There is also no documentation of a specific need for daily treatment over a two week period of time from a home care point of view to require home health assistance.