

<b>Case Number:</b>	CM14-0006766		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/14/2006
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 patient is a 46-year-old female who has filed a claim for cervical disc herniation with radiculopathy associated with an industrial injury date of August 14, 2006. Review of progress notes indicates severe neck pain radiating to bilateral upper extremities associated with swelling of the left side of the face and neck. Patient also complains of headaches; and bilateral wrist and hand pain, with numbness and tingling. Findings include decreased cervical range of motion, positive Spurling's test on the left, weakness of the wrist extensors and biceps, decreased reflexes in the brachioradialis and triceps, and decreased sensation over the lateral aspect of the forearm and thumb. Cervical MRI dated September 06, 2012 showed left foraminal disc protrusion with severe left neural foraminal stenosis at C5-6, and disc bulge at C4-5 without significant neural foraminal stenosis. Treatment to date has included anti-inflammatories, opioids, muscle relaxants, topical creams, chiropractic therapy, physical therapy, home exercises, TENS, epidural steroid injections, cervical medial branch blocks, and cervical spinal surgery in January 2014. Utilization review from January 03, 2014 denied the requests for cervical brace as it does not improve the fusion rate or clinical outcomes of patients undergoing single-level anterior cervical fusion with plating; transportation to and from the facility as there is no documentation that this patient is unable to utilize public or private transportation; and Medrox patches as there is no documentation of failure of or intolerance to other treatments. There is modified certification for 12 visits of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **PREOPERATIVE INTERNAL MEDICINE CLEARANCE: 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) Low Back chapter, Preoperative Testing, General.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests 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. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In this case, the surgical procedure of anterior cervical discectomy and fusion is considered immediate risk, and medical clearance is indicated. Previous utilization review determination, dated January 03, 2014, has already certified this request. Therefore, the request for preoperative internal medicine clearance is not medically necessary.

## **CERVICAL BRACE: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 chapter, Collars (cervical).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, cervical collars are not recommended for neck sprains. They may be appropriate where postoperative and fracture indications exist. Cervical collars are frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck. In this case, the patient underwent anterior cervical discectomy and fusion. Use of a cervical collar post-operatively is a reasonable option to promote fusion. Therefore, the request for cervical brace is medically necessary.

## **AGGRESSIVE PHYSICAL THERAPY TREATMENT AND REHABILITATIVE PROGRAM TO THE CERVICAL SPINE, TOTALING 36 VISITS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to CA MTUS Post-Surgical Treatment Guidelines, recommended number of visits for discectomy/laminectomy is 16 visits over 8 weeks; and for fusion, after graft maturity, 24 visits over 16 weeks. In this case, patient underwent anterior cervical discectomy and fusion. An initial course of 12 visits is recommended, and with documentation of significant objective benefits, additional visits up to 24 sessions are recommended. The requested number of sessions exceeds guideline recommendations. Therefore, the request for aggressive physical therapy treatment and rehabilitative program to the cervical spine, totaling 36 visits, was not medically necessary.

**TRANSPORTATION TO AND FROM THE FACILITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.dhcs.ca.gov/services/medi-cal](http://www.dhcs.ca.gov/services/medi-cal).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation (To and From Appointments).

**Decision rationale:** CA MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, there is no documentation of an inability to take public or private transportation to and from the treatment facility. Therefore, the request for transportation to and from the facility is not medically necessary.

**MEDROX PATCHES #30 TO APPLY TO THE AFFECTED AREA 1-2 TIMES PER DAY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Capsaicin, topical; Salicylate topicals; Topical analgesics) Page(s): 28, 105, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

**Decision rationale:** An online search indicates that Medrox contains menthol 5%, capsaicin 0.0375%, and methyl salicylate 20%. California MTUS chronic pain medical treatment guidelines page 111 state that any compounded product that contains at least one drug (or drug

class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, there is no documentation regarding a failure of or intolerance to first-line pain medications. Also, there is no guideline evidence showing greater efficacy of the 0.0375% preparation of capsaicin. It is unclear as to why a topical versus an oral pain medication is necessary in this patient. Therefore, the request for Medrox patches #30 is not medically necessary.