MAXIMUS Federal Services

Case Number:	CM14-0168251		
Date Assigned:	10/30/2014	Date of Injury:	12/08/2010
Decision Date:	12/11/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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, 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:

According to the records made available for review, this is a 58-year-old female with a 12/8/10 date of injury. At the time (9/19/14) of the Utilization Review Decision, the requests were: Bone Stimulator, Cervical collar (Philadelphia), Two-day hospital stay, One time psychological clearance, Post-op evaluation by an RN after the first 24 hours, Zofran (post-op medication), Duricef (post-op medication), Norco (post-op medication), Home help, Sprix nasal spray (post-op), Post-op evaluation, Post-op Physical Therapy 2 x 4 cervical spine, and Orthopedic re-evaluation. There was documentation of subjective (neck, low back, and bilateral hand/wrist pain) and objective (positive compression test and Spurling's maneuver, muscle spasms and tenderness, decreased range of motion, diminished biceps and triceps reflexes, decreased sensation over the C5 dermatome, and diminished strength over the biceps and wrists) findings, with current diagnoses (cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome), and treatment to date (physical therapy and medications). However, there was no documentation of a pending surgery that was authorized and/or certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Stimulator: 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 Official Disability Guidelines (ODG) Low Back Chapter, Bone growth stimulators (BGS)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of either invasive or noninvasive methods of electrical bone growth stimulation as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion (One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes; Renal disease; Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs), as criteria necessary to support the medical necessity of bone stimualtion. Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, given no documentation of a pending surgery that is medically necessary, there is no documentation that bone growth stimulation will be used as an adjunct to spinal fusion surgery. Therefore, based on guidelines and a review of the evidence, the request for Bone Stimulator is not medically necessary.

Cervical collar ([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)

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

Decision rationale: MTUS reference to ACOEM identifies that cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; that weakness may result from prolonged use and will contribute to debilitation; and that immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual preinjury activities. Within the medical information available for review, there was documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there was no documentation of a pending surgery that has been authorized and/or certified. Therefore, based on guidelines and a review of the evidence, the request for a cervical collar ([redacted]) is not medically necessary.

Two-day hospital 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 Official Disability Guidelines (ODG) Neck and Upper Back, Hospital length of stay (LOS)

Decision rationale: MTUS does not address this issue. ODG supports up to 2 days hospital length of stay in the management of the cited condition/injury. Within the medical information

available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Two-day hospital stay is not medically necessary.

One time psychological clearance: 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 Behavioral Interventions Page(s): 23, 100-102.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder), as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there is no documentation of chronic pain or co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Therefore, based on guidelines and a review of the evidence, the request for One time psychological clearance is not medically necessary.

Post-op evaluation by an RN after the first 24 hours: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Post-op evaluation by an RN after the first 24 hours is not medically necessary.

Zofran (post-op medication): 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) Pain Chapter, Antiemetcis (for opioid nausea)

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Zofran (post-op medication) is not medically necessary.

Duricef (post-op medication): 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: Perioperative protocol. Health care protocol. (http://www.guideline.gov/content.aspx?id=48408)

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies that antibiotics are appropriate pre, peri, and postoperatively for patients undergoing surgery. Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Duricef (post-op medication) is not medically necessary.

Norco (post-op medication): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: MTUS reference to ACOEM identifies documentation of acute severe pain, as criteria necessary to support the medical necessity of opioid therapy for a short period of time. Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there

is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Norco (post-op medication) is not medically necessary.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there is no documentation of a pending surgery that has been authorized/certified. In addition, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Home help is not medically necessary.

Sprix nasal spray (post-op): 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) Pain, Ketorlac (Toradol)

Decision rationale: MTUS does not address the issue. ODG identifies documentation of moderate to moderately severe pain requiring analgesia at the opioid level as criteria necessary to support the medical necessity of short duration (not to exceed 5 days) of Sprix nasal spray. In addition, ODG does not recommended Sprix as a first-line medication for chronic pain. Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Sprix nasal spray (post-op) is not medically necessary.

Post-op evaluation: 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) Pain Chapter, Office visits and the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Post-op evaluation is not medically necessary.

Post-op Physical Therapy 2 x 4 cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Post-op Physical Therapy 2 x 4 cervical spine is not medically necessary.

Orthopedic re-evaluation: 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 American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of cervical C5-6 and C6-7 herniated nucleus pulposus and carpal tunnel syndrome. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Orthopedic re-evaluation is not medically necessary.