MAXIMUS Federal Services

Case Number:	CM14-0180921		
Date Assigned:	11/05/2014	Date of Injury:	11/03/2011
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 41 year old woman with a date of injury of 11/3/11. She was seen by her spine provider on 9/15/14 with complaints of neck pain radiating into her right trapezius muscle and to her right arm and first digit. She also reported back pain radiating to her bilateral legs. She had no shortness of breath, cough, chest pain or palpitations. Her exam showed cervical spine tenderness and a positive Spurling's test. Her upper extremity muscle strength was 5/5 in her upper extremities except 4/5 in wrist extension. She had decreased upper extremity sensation in C6 distribution and normal reflexes. She had severe tenderness in her low back region with 50% range of motion. Straight leg raise was positive bilaterally. Her diagnoses were right C6 radiculopathy at C5-6 and lumbar spondylosis with disc herniation at L5-S1. She was to undergo an anterior cervical discectomy and C5-6 fusion. At issue in this review is the request for pre-op clearance, CXR, Orthofix Bone Growth Stimulator and inpatient stay for two days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Medical 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate: Estimation of cardiac risk prior to non-cardiac surgery

Decision rationale: This 41 year old injured worker has no prior history of any cardiac or pulmonary symptoms or comorbidities documented in the records. The 2007 ACC/AHA guidelines recommends that the estimation of perioperative risk should integrate major, intermediate, and minor predictors of cardiac risk, functional capacity, the surgery-specific risk, and, when indicated, the results of noninvasive studies, including stress testing. In this injured worker with no active cardiac symptoms undergoing low risk procedure, preoperative clearance would not be indicated.

Chest X-Ray: 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: Uptodate: Preoperative medical evaluation of the healthy patient

Decision rationale: Preoperative chest x-rays do not add much in identifying patients at risk for perioperative complications. There is little evidence to support the use of a preoperative chest radiograph regardless of age unless there is known or suspected cardiopulmonary disease from the history or physical examination. This 41 year old injured worker has no prior history of any cardiac or pulmonary symptoms or comorbidities documented in the records. In this injured worker with no active cardiac symptoms undergoing low risk procedure, preoperative CXR would not be indicated.

DME: Orthofix Bone Growth Stimulator: 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: Medscape: A Review of Bone Growth Stimulation for Fracture Treatment Steve B. Behrens, Matthew E. Deren, Keith O. Monchik Disclosures Current Ortho Practice. 2013; 24(1):84-91

Decision rationale: The injured worker is a 41 year old woman with a date of 11/3/11. Her diagnoses were right C6 radiculopathy at C5-6 and lumbar spondylosis with disc herniation at L5-S1. She was to undergo an anterior cervical discectomy and C5-6 fusion. For treatment of delayed unions and non-unions, bone stimulators have a Grade B to C recommendation, further studies on the efficacy and cost-effectiveness of bone stimulators are warranted to better define the clinical implementation of these devices. This worker does not have a fracture nor any

known metabolic disorders or comorbidities that would cause impaired bone healing. An external bone growth stimulator is not medically substantiated.

Inpatient Stay 2 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: Treatment of cervical radiculopathy

Decision rationale: The injured worker is a 41 year old woman with a date of 11/3/11. She was to undergo an anterior cervical discectomy and C5-6 fusion. Her acute hospital care could be provided in less time than a two day hospital stay. A two day inpatient stay is not medically necessary.