

Case Number:	CM14-0039939		
Date Assigned:	07/30/2014	Date of Injury:	08/16/2013
Decision Date:	10/15/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/04/2014

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 Neurological Surgery, and is licensed to practice in Texas and 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:

This is a 60 year-old female who has reported neck and shoulder pain after an injury on 8/16/13. Prior to this injury, this injured worker has been treated for neck and shoulder pain with a cervical fusion and a shoulder arthroscopy. Cervical MRI showed the prior fusion as solid, adjacent segment degeneration, and other degenerative changes. The injured worker was reporting ongoing neck and radiating extremity pain in spite of conservative treatment. A fusion procedure (anterior fusion at C4-5) was prescribed and subsequently performed on 4/23/14. The services now under Independent Medical Review were requested in association with that surgery. The PR2 of 3/7/14 lists the surgical request and the associated services now under review. The expected hospital stay is listed as 2-3 days. Medical clearance is requested without any specific risk factors for this injured worker discussed. The physical therapy is requested, with reference to an MTUS citation regarding an initial course. Transportation is requested without any discussion of this injured workers specific deficits. Topical medications are stated to be preferable to oral medications, without full citations from the MTUS regarding medical necessity. On 3/25/14, Utilization Review partially certified a medical clearance, physical therapy, and a hospital stay; and non-certified topical medications and transportation. These decision were appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative internal medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Last updated 05/10/13, Preoperative Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, Pre-operative evaluation; Medscape, Drugs and Diseases, review article by Sharma et al, Pre-Operative Testing (available to the public on the Medscape website) ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation

Decision rationale: The MTUS does not provide direction for pre-operative evaluations. The other evidence-based treatment guidelines cited above recommend pre-operative medical evaluation. An evaluation should be directed at determination of risk factors for surgery, with any testing determined by the presence of specific risk factors. A clearance evaluation is therefore medically necessary, although no specific testing is indicated given the lack of any patient-specific risk factors identified by the treating physician. The Utilization Review decision is overturned, as that Utilization Review decision certified the evaluation as well as a number of tests, without providing any evidence-based reasons for the tests. The clearance evaluation, absent any tests, is medically necessary based on the current information.

3 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), Upper Back and Neck Chapter, Procedure Summary (last updated 12/16/13), Hospital Length of Stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter, hospital length of stay Cervical Fusion, Anterior (81.02 -- Other cervical fusion, anterior technique) Actual data -- median 1 day; mean 2.2 days ($\hat{A}\pm 0.1$); discharges 161,761; charges (mean) \$50,653

Decision rationale: The MTUS does not address hospital length of stay after surgery. Per the cited Official Disability Guidelines, the median stay is one day, the mean is 2.2 days, and the best practice target is 1 day. The 3 day hospitalization exceeds the guideline recommendations and the treating physician has not provided reasons why a stay that is longer than guideline recommendations necessary. The 3 day stay is therefore not medically necessary.

Postoperative physical therapy for the cervical spine (1 time per week for 24 weeks):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12; 26.

Decision rationale: The MTUS for post-surgical physical medicine states that post-surgical physical therapy is for functional improvement. The recommended initial course of therapy for this condition is 12 visits, not 24. The treating physician has not provided any reasons why the recommendations for the initial course of physical therapy should be exceeded. The requested 24 visits are therefore not medically necessary.

Transportation to and from facility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services, Criteria for Medical Transportation R-15-98E, Criteria Manual Chapter 12.1 Criteria for Medical Transportation and Related Services (<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 and leg chapter, Transportation (to & from appointments): Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport; Other Medical Treatment Guideline or Medical Evidence: Department of Health Care Services-California http://www.dhcs.ca.gov/services/medical/Pages/ManualofCriteria_ada.aspx Criteria Manual Chapter 12.1,

Decision rationale: The treating physician did not provide specific reasons why this injured worker requires transportation to and from appointments, and did not state any frequency or duration for this requested service. A cervical fusion does not usually prevent the use of transportation, private or public, particularly in an open-ended fashion for an unlimited duration as was prescribed in this case. The cited guidelines note the need for specific medical indications for any such provisions of transportation. Given that the treating physician did not provide any specific reasons for the provision of transportation, and that the request is open-ended and potentially for the very long-term, the provision of transportation is not medically necessary.

Prospective usage of Flurbiprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113.

Decision rationale: Per the physician reports, the flurbiprofen dispensed to this injured worker is a topical formulation. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Topical NSAIDs for short term pain relief may be indicated for pain in the extremities

caused by OA or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain, which is the only apparent indication in this case. Two topical NSAIDs were dispensed simultaneously (ketoprofen and flurbiprofen), which is duplicative and unnecessary, as well as possibly toxic. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The topical agent prescribed is not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

Prospective usage of Ketoprofen/Ketamine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113.

Decision rationale: Per the physician reports, the ketoprofen/ketamine dispensed to this injured worker is a topical formulation. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by OA or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain, which is the only apparent indication in this case. Two topical NSAIDs were dispensed simultaneously (ketoprofen and flurbiprofen), which is duplicative and unnecessary, as well as possibly toxic. Note that topical ketoprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Topical ketamine may have some utility in treatment of neuropathic pain (neuropathic pain is not present in this case per the available reports), per limited studies, and only "in refractory cases in which all primary and secondary treatment has been exhausted". Such primary and secondary treatments have not been exhausted in this case. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.