MAXIMUS Federal Services

Case Number:	CM14-0062229		
Date Assigned:	07/11/2014	Date of Injury:	08/27/2012
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Spinal Cord Medicine as well as Pain Management and is licensed to practice in Massachusetts. 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 sustained a work injury on 08/27/12 while working as a Child Development teacher when she fell. Her past medical history included a cervical spine fusion in 1990. Treatments after her injury included activity modification, physical therapy, and medications including Norco, Ibuprofen, and Prilosec. On 01/29/14 she was having neck and low back pain. Neck pain was reported as radiating into both shoulders in the left arm. Physical examination findings included cervical paraspinal muscle spasm and tenderness with positive cervical distraction test.An MRI of the cervical spine on 02/05/14 showed findings of a fusion at C5-6 with multilevel disc protrusions above and below the level of surgery. On 02/10/14 she had ongoing complaints of pain across the neck and low back. Physical examination findings included decreased cervical spine range of motion with pain radiating into the upper extremities and interscapular area. Imaging results were reviewed and reported as showing adjacent segment disc degeneration in the cervical spine. On 03/10/14 she had ongoing severe neck pain. Recent imaging results were reviewed. Authorization for a C6-7 revision anterior decompression and fusion was requested and has recently been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Therapy Unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: The claimant is status post work-related injury as described above and has been approved for revision cervical spine decompression and fusion surgery. Guidelines recommend that postsurgical physical medicine treatments be based on factors including surgical complications. The guidelines outline predictions for healthy outcomes post surgery, which include being a non-smoker and surgery planned at one level. The claimant has not undergone the actual surgical procedure and the presence of post-operative complications is unknown. Therefore the need for home-based therapy is not established and is considered not medically necessary.

Post-Op 4x5x2 for Wound Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back, Home Health Services.

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 (Acute & Chronic), Fusion, anterior cervical.

Decision rationale: The claimant is status post work-related injury as described above and has been approved for revision cervical spine decompression and fusion surgery.Predictors of a good outcome after surgery that apply in this case are being a non-smoker and surgery planned at one level. Predictors of poor outcomes such as psychological distress, psychosomatic problems or poor general health are absent. Therefore there is no basis for requesting the number of post-operative wound care visits and the request is considered not medically necessary.

Pre Operative Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=38289Interventions and Practices ConsideredPreoperative health assessment, including medical history, physical examiniation, and comprehensive medication review.

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:Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery.

Decision rationale: The claimant is status post work-related injury as described above and has been approved for revision cervical spine decompression and fusion surgery.In terms of risk, surgical interventions can be divided into low-risk, intermediate-risk, and high-risk groups. Although the claimant is otherwise healthy, major orthopedic spine surgery is planned and she would have at least an intermediate risk with this procedure. Medical clearance is therefore medically necessary.

Medication Management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=38289Intervention and Practices ConsideredPreoperative health assessment, including medical history, physical examination, and comprehensive medication review.

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: Cleveland Clinic: Disease Management Project, Perioperative Evaluation.

Decision rationale: The claimant is status post work-related injury as described above and has been approved for revision cervical spine decompression and fusion surgery. Current medications include the combination opioid Norco.Medication management in the perioperative period is an essential component to perioperative care. Appropriate medication management helps to maintain stability of chronic conditions, prevent medication withdrawal, avoid interactions with anesthetic agents, and facilitate transition to discharge.Therefore, the request for medication management is medically necessary.