

Case Number:	CM14-0187596		
Date Assigned:	11/18/2014	Date of Injury:	11/08/2012
Decision Date:	01/06/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 Spine Surgery and is licensed to practice in Texas. 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 62 year old female who had reportedly been diagnosed with cervical spondylitic radiculopathy at the C3-7 levels, and as of 10/07/2014, was having cervical paraspinal muscle spasms with tenderness along the same region with deep tendon reflexes equal and symmetric in the biceps, triceps, and brachioradialis. Her motor strength was rated as 4+/5 in the right triceps and right biceps as well as the right wrist extensors. Additionally, her sensation was decreased to light touch and pinprick in the C6-7 dermatome on the right. No plain view x-rays were taken on the date of the examination. It was indicated the patient had reached her maximal medical benefit from conservative nonoperative treatment. The patient had reportedly undergone an EMG/nerve conduction study of the bilateral upper extremities in 08/2013 and had also undergone some physical therapy for her neck, which had been unhelpful. She had also been doing a home exercise program and had been utilizing opioids as well as undergoing a cervical epidural steroid injection, which was approximately only pain relieving for about 10 days. The patient had been injured on 06/23/2014 after falling asleep while coming home from work, subsequently hitting another vehicle. In addition to the oral medications, the patient had also been using thermal heat wraps and Aspercreme in order to continue working full time. The patient had undergone an MRI of the cervical spine without contrast on 06/26/2014 with the impression indicating a C2-3 severe left neural foraminal narrowing, C3-4 grade 1 anterolisthesis with left paracentral disc protrusion and mild canal stenosis and severe left and moderate right neural foraminal narrowing. At the C4-5 was moderate canal stenosis with moderate left and mild right neural foraminal narrowing, at the C5-6 level was mild canal stenosis and moderate left to mild right neural foraminal narrowing, at the C5-6 level was mild canal stenosis and severe left and mild right neural foraminal narrowing, with other mild degenerative changes at the visualized upper thoracic spine noted. On 10/02/2014, the physician requested an ACDF of

the C3-4, C4-5, C5-6, and C6-7 with assistant surgeon, postoperative home health for daily dressing changes and wound check for 14 days, bone growth stimulator, TENS unit, front wheel walker, 3 in 1 commode, and a cervical brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C3-C4, C4-C5, C5-C6 and C6-C7 with an assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assistant

Decision rationale: According to the California MTUS/ACOEM Guidelines, fusion for non-radiating pain is not recommended in the absence of evidence of nerve root compression. Although the patient had radiation type of pain located in the upper extremity on the right, which correlated with MRI findings at the C6-7 level, there was no additional information pertaining to the patient having any type of correlating findings on her MRI to necessitate fusion at all 4 of the levels that had been requested. Patients must meet the criteria for undergoing a cervical fusion at each level being requested, and without findings necessitating a fusion at all levels, the request in its entirety cannot be supported, to include the surgical assistant. As such, the request is not medically necessary.

Post operative home health nurse for daily dressing changes and wound check for 14 days: 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 Home Health Page(s): 51.

Decision rationale: According to the California MTUS Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. In the case of this patient, without having been authorized for the primary surgical procedure, the subsequent request for home health services is not considered medically necessary at this time and is not medically necessary.

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

Decision rationale: Although bone growth stimulators are often indicated for patients undergoing multilevel fusions, with the patient not meeting the primary surgical procedure criteria, the subsequent request for a bone growth stimulator is not medically necessary. Additionally, requests must have frequency and duration specified for use of these devices. As such, the request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

Decision rationale: According to the California MTUS Guidelines, criteria for the use of a TENS unit include patients must have indication that they would be utilizing a TENS unit on a 1 month home trial as an adjunct to ongoing treatment modalities with a functional restoration approach. In the case of this patient, there was no indication that she would be utilizing a TENS unit as an adjunct to any other form of treatment modality with a functional restoration approach. Therefore, the request is not considered medically appropriate, as the physician has failed to indicate the duration of use as well as the use of a TENS unit as an adjunctive treatment modality. As such, the request is not medically necessary.

Front wheel walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

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, Walking aids (canes, crutches, braces, orthoses, and walkers)

Decision rationale: According to the Official Disability Guidelines, frames or wheeled walkers are preferable for patients with bilateral disease. In the case of this patient, there is no indication that she was having any bilateral lower extremity dysfunction to necessitate the use of a front wheeled walker at this time. Therefore, the request is not deemed medically appropriate and is not medically necessary.

3 in 1 commode: 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) Knee and Leg Chapter, Durable medical equipment (DME)

Decision rationale: According to the Official Disability Guidelines, DME is typically appropriate for use in an injured worker's home with the diagnosis of a medical purpose. However, with the injured worker not meeting the primary surgical procedure criteria, the subsequent request for a 3 in 1 commode is not medically necessary.

Cervical brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, use of a cervical collar for more than 1 or 2 days is not recommended. As the patient is beyond the acute phase of her injury and is not postoperative and has not been authorized for the surgical procedure, the subsequent request for a cervical collar is not medically necessary.