

Case Number:	CM14-0193553		
Date Assigned:	12/01/2014	Date of Injury:	08/13/2008
Decision Date:	01/21/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/18/2014

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 43-year-old male with a 8/13/08 date of injury. At the time (10/7/14) of request for authorization for bone growth stimulator, history and physical to clear patient for surgery, assistant surgeon, 18 physical therapy, post-operative appointment with surgeon 7-10 days post-op, neck brace, autologous blood 1-2 units, EKG, cervical 7 view x-ray, lab work, and 2-3 day inpatient stay, there is documentation of subjective (neck pain radiating to upper extremities with numbness/tingling over hands) and objective (moderate tenderness over cervical spine with decreased range of motion, decreased sensory exam over ulnar aspect of right forearm as well as hand, and right biceps as well as triceps motor strength of 4/5) findings. The current diagnoses are multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. The treatment to date includes medications, physical therapy, and activity limitation. Medical report identifies that an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Growth 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) Low Back Chapter

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, Bone growth stimulators (BGS)

Decision rationale: MTUS does not address this issue. Official Disability Guidelines 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 stimulation. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized, there is no documentation of a spinal fusion surgery. Therefore, based on guidelines and a review of the evidence, the request for bone growth stimulator is not medically necessary.

History and Physical to clear patient for surgery: 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) Low Back Chapter

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, Preoperative lab testing

Decision rationale: MTUS does not address this issue. Official Disability Guidelines identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized, there is no documentation of a surgical procedure. Therefore, based on guidelines and a review of the evidence, the request for history and physical to clear patient for surgery is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the first Assistant at Surgery in Orthopaedics

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: (https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/co-surgeon_assistant_surgeon_and_assistant_at_surgery_guidelines.pdf)

Decision rationale: MTUS and Official Disability Guidelines do not address this issue. Medical Treatment Guideline identifies documentation of the complexity of the requested procedure(s) OR the patient's condition, as criteria necessary to support the medical necessity of an assistant surgeon. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized, there is no documentation of a pending surgery. In addition, there is no documentation of the complexity of the requested procedure or the patient's condition. Therefore, based on guidelines and a review of the evidence, the request for assistant surgeon is not medically necessary.

18 Physical Therapy visits: 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 16 visits of post-operative physical therapy over 8 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 multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized, there is no documentation of a pending surgery. In addition, the requested 18 physical therapy sessions exceeds guidelines (1/2 the number of sessions recommended for the general course of therapy). Therefore, based on guidelines and a review of the evidence, the request for 18 physical therapy visits is not medically necessary.

Post-operative appointment with Surgeon 7-10 days post-op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, follow-up visits, page 177

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Chapter 7 page 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. Official Disability Guidelines 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 multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized/certified, there is no documentation 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. Therefore, based on guidelines and a review of the evidence, the request for post-operative appointment with surgeon 7-10 days post-op is not medically necessary.

Neck Brace: 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) Neck and Upper Back Chapter

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, Cervical collar, post-operative (fusion) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Chapter 7 page 175

Decision rationale: MTUS reference to ACOEM guidelines 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. Official Disability Guidelines identifies that cervical collar is not recommended after single-level anterior cervical fusion with plate, but the use of cervical collars after instrumented anterior cervical fusion is widely practiced. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized, there is no documentation of a pending anterior cervical fusion. Therefore, based on guidelines and a review of the evidence, the request for neck brace is not medically necessary.

Autologous Blood 1-2 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy

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: http://www.aetna.com/cpb/medical/data/600_699/0639.html

Decision rationale: MTUS and Official Disability Guidelines do not address this issue. Medical Treatment Guideline identifies documentation of procedures that may deplete blood volume (such as: Cardiopulmonary bypass surgery and other high-risk cardiac surgeries (e.g., abdominal aortic surgery); Ectopic pregnancy; Emergency hemorrhage; Hysterectomy; Organ transplantation; Orthopedic surgery; Post-operative hemorrhage; and Vascular femoral grafts), as criteria necessary to support the medical necessity of autologous blood transfusion. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized, there is no documentation of a pending surgery. In addition, there is no documentation of a pending procedure that may deplete blood volume (Cardiopulmonary bypass surgery and other high-risk cardiac surgeries; Ectopic pregnancy; Emergency hemorrhage; Hysterectomy; Organ transplantation; Orthopedic surgery; Post-operative hemorrhage; and Vascular femoral grafts). Therefore, based on guidelines and a review of the evidence, the request for autologous blood 1-2 units is not medically necessary.

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181.

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, Preoperative lab testing

Decision rationale: MTUS does not address this issue. Official Disability Guidelines identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized, there is no documentation of a pending surgical procedure. Therefore, based on guidelines and a review of the evidence, the request for EKG is not medically necessary.

Cervical 7 View X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure, as criteria necessary to support the medical necessity of cervical spine x-rays. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized, there is no documentation of a pending invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for cervical 7 view x-ray is not medically necessary.

Lab work: 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, Preoperative lab testing

Decision rationale: MTUS does not address this issue. Official Disability Guidelines identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 that has not been authorized, there is no documentation of a pending surgical procedure. Therefore, based on guidelines and a review of the evidence, the request for lab work is not medically necessary.

2-3 day inpatient 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) neck & upper back chapter, hospital length of stay (LOS) guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Hospital length of stay (LOS)

Decision rationale: MTUS does not address the issue. Official Disability Guidelines identifies hospital length of stay for up to 1 day in the management of anterior cervical fusion. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical disc disease, C4-5, C5-6, C6-7 disc protrusion, and right C6-7 radiculopathy. However, given documentation of an associated request for anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 has not been authorized, there is no documentation of a pending anterior cervical fusion. In addition, the requested 3 day inpatient stay exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 2-3 day inpatient stay is not medically necessary.