

Case Number:	CM14-0053359		
Date Assigned:	07/07/2014	Date of Injury:	11/02/2012
Decision Date:	04/09/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 69-year-old male who sustained an industrial injury on 11/2/12. Injury occurred when he slipped and caught himself. Past medical history was reported as negative for any major illnesses or medical conditions requiring on-going treatment. The patient denied any medication allergies, and was not taking any medications. The 2/17/14 treating physician report cited difficulties with the use of his arms and with walking. Physical exam documented bilateral upper and lower extremity hyperreflexia, atrophy of the left biceps and triceps, and atrophy of the interosseous muscles of both hands. Cervical MRI showed evidence of disc degeneration with protrusion at C4/5/5 and C5/6, severe stenosis at both levels, and internal cord signal changes at C5/6 consistent with myelomalacia. The diagnosis was C4/5 and C5/6 stenosis with myelopathy. Given the patient's neurologic exam, MRI findings and progressive symptoms, he was deemed a surgical candidate for C4/5 and C5/6 anterior cervical discectomy and fusion. Surgery was requested along with post-operative brace to stabilize the cervical spine and relieve pain, and a Combo-Stim electrotherapy unit providing interferential and TENS for pain control, and neuromuscular stimulation to lessen the risk of atrophy. Purchase of a DVTMAX unit was requested as a preventative measure. Post-operative physical therapy was requested for 12 visits. On 3/12/14, utilization review non-certified post-op physical therapy visits #12 for cervical spine, DVTMAX for cervical spine, durable medical equipment purchase of university brace for cervical and Combo-Stim electrotherapy for cervical spine, as the associated surgical request was not approved. The CA MTUS/ACOEM and Official Disability Guidelines were cited. On 4/21/14, the injured worker submitted an application for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy visits twelve (12) Body Part: Spine Cervical: 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: The California Post-Surgical Treatment Guidelines for cervical fusion suggest a general course of 24 post-operative visits over 16 weeks, after graft maturity, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This request for 12 initial post-operative physical therapy visits would be appropriate once graft maturity has been demonstrated, but is premature at this time. Therefore, this request is not medically necessary.

DVTMAX Body Part: Spine Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th edition, 2013 Updates, Chapter Knee.

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: Venous Thrombosis.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide specific recommendations for DVT prophylaxis for patients undergoing cervical surgery. In general, the ODG recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.

Durable Medical Equipment (DME) purchase University Brace Body Part: Cervical: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, treatment in Workers Comp 18th edition, 2013 Updates, Chapter neck.

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).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a post-operative cervical collar would be appropriate for this patient and supported by guidelines following surgery for pain control and stability. Therefore, this request is medically necessary.

Combo-Stim Electrotherapy Body Part: Spine Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The ComboStim unit provides a combination of interferential current, neuromuscular electrical stimulation (NMES), and TENS. The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of NMES for post-operative care. Guidelines suggest that interferential current is not recommended as an isolated intervention, with limited support for post-op pain management when pain is ineffectively controlled by medications. Guidelines support limited use of TENS unit in the post-operative period for up to 30 days. Guideline criteria have not been met. Relative to pain control, there is no indication that standard post-op pain management would be insufficient. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. Given the absence of guideline support for all modalities in this unit, this request is not medically necessary.