

Case Number:	CM15-0109968		
Date Assigned:	06/16/2015	Date of Injury:	09/30/2004
Decision Date:	08/05/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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: New York
 Certification(s)/Specialty: Neurological 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 58 year old male, who sustained an industrial injury on 9/30/2004. He reported development of neck pain with upper extremity pain associated with numbness and tingling in the left arm. Diagnoses include chronic neck pain, cervical strain, cervical herniated pulposus, and degenerative disc disease. Treatments to date include medication management, physical therapy, and previous cervical injections noted to have been beneficial. Currently, he complained of chronic neck pain. He reported it was recommended he undergo a three level cervical fusion. The current medications included Norco 10/325mg two to three tablets daily for cervical pain and Ibuprofen for the headaches. On 5/28/15, the physical examination documented limited range of motion with left upper extremity weakness. The plan of care included cervical fusion. The provider also documented it was recommended for a left shoulder surgery and clarification with surgeon was necessary to coordinate the two surgeries. The appeal was requesting authorization for Flexeril 10mg #75; Norco 10/325mg #80, pre-operative laboratory evaluation, and one (1) cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics-Cyclobenzaprine (Flexeril) Page(s): 64.

Decision rationale: The California MTUS guidelines only recommend Cyclobenzaprine for short courses of therapy (2-3 weeks). They note that the greatest effect appears to be in the first 4 days of treatment. They do not recommend chronic use. The requested treatment: Flexeril 10mg #75 is not medically necessary and appropriate.

Norco 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 81, 76-78.

Decision rationale: The MTUS guidelines indicate opioid medication be initiated in the lowest possible dose for the shortest period of time. Documentation does not provide why this dose level was chosen nor the frequency with which the patient is supposed to take it. The MTUS guidelines indicate the clinician should determine whether the patient's pain is nociceptive or neuropathic. Documentation does not provide this information. The requested treatment: Norco 10/325mg #80 is not medically necessary and appropriate.

Pre-operative complete blood count with platelets and differential, comprehensive metabolic panel: 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, Lumbar & Thoracic, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter, Preoperative lab testing, preoperative testing general.

Decision rationale: The ODG guidelines recommend preoperative complete blood counts if the clinical history and exam suggests anemia or the expected surgical procedure might be associated with a risk of high blood loss. Documentation does not suggest this risk. The guidelines recommend that the lab testing provide information that would guide post-operative management. The guidelines recommend a coagulation profile in patients who have history of coagulation difficulty or comorbidities where hemorrhage might be a risk. Documentation does not provide this information or indicate comorbidities where information of a metabolic panel would have an impact on post-operative management. The guidelines suggest an urinalysis if the patient is going to undergo a urological procedure. Documentation does not indicate this. The requested treatment: Pre-operative laboratory works (complete blood count with platelets and differential, comprehensive metabolic panel, partial prothrombin time, prothrombin time, urinalysis with microscope: service is not medically necessary.

1 cervical collar: 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), Neck and Upper Back, Cervical collar.

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-cervical collar post operative (fusion).

Decision rationale: The ODG guidelines note that the use of cervical collars after instrumented anterior cervical fusion is widely practiced. They do not recommend the collar for a single level. However, this patient had a three level procedure. The requested treatment: 1 cervical collar is medically necessary and appropriate.

Pre-operative partial prothrombin time, prothrombin time: 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, Lumbar & Thoracic, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter-preoperative testing, general.

Decision rationale: The ODG guidelines note that a coagulation profile would be recommended if the patient had a history of a bleeding disorder or anemia. It would be recommended if the patient were undergoing a high risk operation in which major blood loss would be expected. It would be recommended if the patient were taking a drug which would be expected to interfere with coagulation and increase risk. Documentation is not provided which shows any of these situations exists for the patient. The requested treatment: Pre-operative partial prothrombin time is not medically necessary and appropriate.

Pre-operative urinalysis with microscope: 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, Lumbar & Thoracic, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter-pre-operative testing, general.

Decision rationale: The ODG guidelines do recommend pre-operative testing if the patient has co-morbidities or a history that would indicate information gained by the test would affect risk assessment and post-operative decision making. The guidelines recommend that the clinical history and examination should direct what testing is necessary. Documentation does not provide reasons for the Pre-operative urinalysis with microscope. The requested treatment: Pre-operative urinalysis with microscope is not medically necessary and appropriate.