

Case Number:	CM15-0144107		
Date Assigned:	08/05/2015	Date of Injury:	10/26/2009
Decision Date:	09/23/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 10-26-2009. On provider visit dated 06-25-2015 the injured worker has reported neck pain that radiates into the mid scapular region, with numbness in the right arm into the hand. On examination of the cervical spine revealed decreased sensation over the C8 dermatome distribution bilaterally. The diagnoses have included right cervical radiculopathy with C7 weakness, right C8 paresthesia, and C5-C6 and C6-C7 disc degeneration. Treatment to date has included therapy and medication. The injured worker was noted to have undergone an MRI of the cervical spine. The injured worker disability status was noted to be permanent and stationary. The provider recommended a C5-C6 and C6-C7 anterior cervical discectomy and fusion and posterior spinal instrumentation and fusion. The provider requested the following related surgical services: 2 day inpatient stay, post-operative physiotherapy-three days weekly for six weeks, hard and soft cervical collar for purchase, pneumatic intermittent compression device for purchase, cold therapy unit rental for thirty days and TENS unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Related surgical service: 2-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 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 Chapter, under Hospital length of stay.

Decision rationale: Based on the 6/25/15 progress report provided by the treating physician, this patient presents with neck pain radiating into the mid-scapular region, with numbness in the right arm/hand rated 3-4/10 on VAS with medication, and increases to 7-8/10 on VAS without medication. The treater has asked for related surgical service: 2-day inpatient stay but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p physical therapy with some improvement in range of motion, and Gabapentin is helping. The patient has not had prior surgeries to the neck. The patient's current medications are Ibuprofen, Neurontin, aspirin, Metformin, Tizanidine, Crestor. The patient's disability status is permanent and stationary. ODG-TWC Guidelines, Neck Chapter, under Hospital length of stay (LOS) Section states: Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. Cervical Fusion, Anterior (81.02 other cervical fusion, anterior technique), Actual data median 1 day; mean 2.2 days (0.1); discharges 161,761; charges (mean) \$50,653. Best practice target (no complications) 1 days. Cervical Fusion, Posterior (81.03 other cervical fusion, posterior technique), Actual data median 4 days; mean 5.7 days (0.2); discharges 16,852; charges (mean) \$97,781. Best practice target (no complications) 4 days. The treater does not discuss the request. In this case, it appears the request for Inpatient Stay is for the patient following her neck fusion surgery, and a 2 night stay appears reasonable. However, the request for cervical fusion has not been authorized as of yet. Therefore, the request IS NOT medically necessary.

Related surgical service: Post-operative physiotherapy, three days weekly for six weeks:
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: Based on the 6/25/15 progress report provided by the treating physician, this patient presents with neck pain radiating into the mid-scapular region, with numbness in the right arm/hand rated 3-4/10 on VAS with medication, and increases to 7-8/10 on VAS without medication. The treater has asked for related surgical service: Post-operative physiotherapy, three days weekly for six weeks but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p physical therapy with some improvement in range of motion, and Gabapentin is helping. The patient has not had prior surgeries to the neck. The patient's current medications are Ibuprofen, Neurontin, aspirin, Metformin, Tizanidine, Crestor. The patient's disability status is

permanent and stationary. MTUS Guidelines, Postsurgical Treatment Neck & Upper Back, page 26 allows for 24 visits over 16 weeks for a cervical spine fusion. The postsurgical time frame is 6 months. However, the request for cervical fusion has not been authorized as of yet. Therefore, the request IS NOT medically necessary.

Related surgical service: Hard and soft cervical collar for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the 6/25/15 progress report provided by the treating physician, this patient presents with neck pain radiating into the mid-scapular region, with numbness in the right arm/hand rated 3-4/10 on VAS with medication, and increases to 7-8/10 on VAS without medication. The treater has asked for related surgical service: Hard and soft cervical collar for purchase but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p physical therapy with some improvement in range of motion, and Gabapentin is helping. The patient has not had prior surgeries to the neck. The patient's current medications are Ibuprofen, Neurontin, aspirin, Metformin, Tizanidine, Crestor. The patient's disability status is permanent and stationary. The ACOEM chapter 8 page 175 states, Cervical collars: Initial care other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars in prolonged periods of rest are generally less effective than having patients maintain their usual, pre-injury activities. Regarding cervical collars, the ODG Guidelines under its neck and upper back chapters states, Maybe appropriate where post-operative and fracture indications exist. Per 6/25/15 report, treater states patient will required a hard and soft cervical collar. However, ACOEM guidelines do not support cervical collars and ODG states it may be appropriate for post-operative use or when there is a fracture. In this case, the patient is not yet in a post-operative state and there is no documented concern for fracture, this request in not in accordance with guidelines. Therefore, the request IS NOT medically necessary

Related surgical service: Pneumatic intermittent compression device for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/16284592.

Decision rationale: Based on the 6/25/15 progress report provided by the treating physician, this patient presents with neck pain radiating into the mid-scapular region, with numbness in the

right arm/hand rated 3-4/10 on VAS with medication, and increases to 7-8/10 on VAS without medication. The treater has asked for related surgical service: Pneumatic intermittent compression device for purchase but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p physical therapy with some improvement in range of motion, and Gabapentin is helping. The patient has not had prior surgeries to the neck. The patient's current medications are Ibuprofen, Neurontin, aspirin, Metformin, Tizanidine, Crestor. The patient's disability status is permanent and stationary. MTUS and ODG do not discuss pneumatic compression therapy for cervical complaints. In an article written by N.E. Epstein entitled Intermittent pneumatic compression stocking prophylaxis against deep venous thrombosis in anterior cervical spinal surgery: a prospective efficacy study in 200 patients and literature review per <http://www.ncbi.nlm.nih.gov/pubmed/16284592>, Intermittent pneumatic compression stockings (IPC) alone were effectively used to avoid deep venous thrombosis (DVT) and pulmonary embolism (PE) in 100 consecutive patients undergoing single-level anterior corpectomy/fusion (ACF) and in 100 patients having multilevel ACF/posterior fusion. However, the 1% and 2% respective rates of PE were comparable to frequencies of PE encountered in other cranial/spinal series using mini-heparin and/or low-dose heparin regimens but avoided the 2% to 4% risk of major postoperative hemorrhage. In regard to the request for a pneumatic compression device for the prevention of post-operative deep vein thrombosis, this patient does not meet guideline criteria. Such DVT prophylaxis units are typically utilized in patient's whose surgical recovery is expected to involve prolonged periods of bed rest; such as those undergoing spinal surgery or hip replacement. Progress notes indicate that this patient is scheduled to undergo a cervical fusion, a procedure which is unlikely to result in a prolonged period of bed rest. This patient is also an otherwise healthy 47 year old female with no documented coagulopathies which would place her at increased risk of DVT. Furthermore, the requesting provider does not include duration of therapy, as compression is only utilized in the immediate post-operative time frame. Without a clearer rationale as to why this patient will require prolonged bed rest, additional DVT risk factors, or a duration over which DVT compression is to be applied, the medical necessity cannot be substantiated. The request IS NOT medically necessary.

Related surgical service: Cold therapy unit rental for thirty days: 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 chapter under continuous flow-cryotherapy.

Decision rationale: Based on the 6/25/15 progress report provided by the treating physician, this patient presents with neck pain radiating into the mid-scapular region, with numbness in the right arm/hand rated 3-4/10 on VAS with medication, and increases to 7-8/10 on VAS without medication. The treater has asked for related surgical service: Cold therapy unit rental for thirty days but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p physical

therapy with some improvement in range of motion, and Gabapentin is helping. The patient has not had prior surgeries to the neck. The patient's current medications are Ibuprofen, Neurontin, aspirin, Metformin, Tizanidine, Crestor. The patient's disability status is permanent and stationary. ODG Neck chapter under continuous flow-cryotherapy states: Not recommended in the neck, Recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The treater does not discuss this request in the reports provided. A Cold Therapy Unit rental is not mentioned in the documentation. ODG Guidelines do support this type of device for shoulder postoperative recovery for 7 days, but not for the neck. Motorized cold therapy unit is not indicated for cervical epidural injections; and ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. While ODG guidelines support at-home application of cold/heat, if treater's intent was for home use of this device, it would still not be indicated, either, as the use of an ice bag would suffice. Therefore, the request IS NOT medically necessary.

Related surgical service: TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of TENS Page(s): 116.

Decision rationale: Based on the 6/25/15 progress report provided by the treating physician, this patient presents with neck pain radiating into the mid-scapular region, with numbness in the right arm/hand rated 3-4/10 on VAS with medication, and increases to 7-8/10 on VAS without medication. The treater has asked for Related surgical service: TENS unit purchase but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p physical therapy with some improvement in range of motion, and Gabapentin is helping. The patient has not had prior surgeries to the neck. The patient's current medications are Ibuprofen, Neurontin, aspirin, Metformin, Tizanidine, Crestor. The patient's disability status is permanent and stationary. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater does not discuss this request. MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, there is no record that patient has trialed a TENS unit in the past, and a trial would be indicated. Therefore, the request IS NOT medically necessary.